



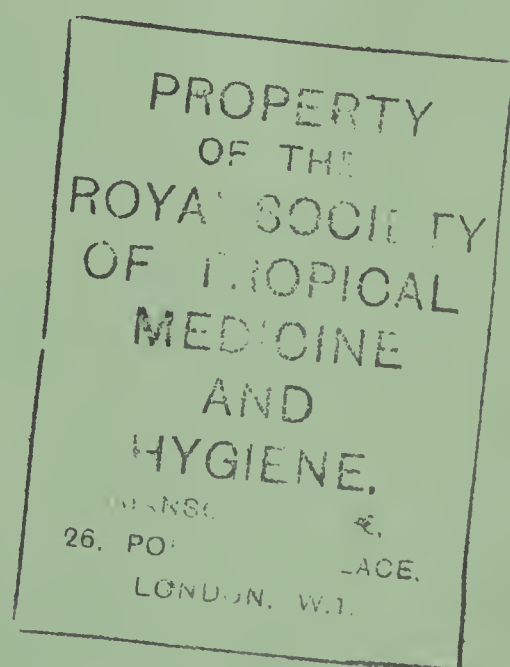
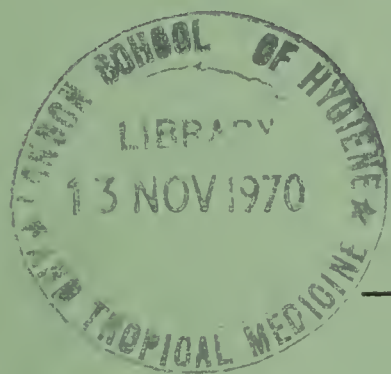
# Worcestershire

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# THE HEALTH OF THE COMMUNITY

## 1968

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**Worcestershire County Council**

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**ANNUAL REPORTS**

**of the**

**COUNTY MEDICAL OFFICER**

**OF HEALTH**

**and**

**PRINCIPAL SCHOOL MEDICAL OFFICER**

**1968**

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## Contents

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	<i>Pages</i>
Prefatory letter .. .. .	3—5
Part I Vital and General Statistics .. .. .	8—12
„ II Health Centres .. .. .	14
„ III Care of Mothers and Young Children .. .. .	16—20
„ IV Midwifery .. .. .	22—23
„ V Health Visiting .. .. .	26
„ VI Home Nursing .. .. .	28—30
„ VII Vaccination and Immunisation (Epidemiology included) .. .. .	32—40
„ VIII Ambulance Service .. .. .	42—44
„ IX Prevention of Illness, Care and After-Care .. .. .	46—51
„ X Home Help Service .. .. .	54
„ XI Mental Health Service .. .. .	56—58
„ XII Environmental Health .. .. .	60—65
„ XIII School Health Services .. .. .	68—90
„ XIV Welfare Services .. .. .	92—97
„ XV Committees and Sub-Committees .. .. .	100—103
„ XVI Staff .. .. .	106—109
„ XVII Index .. .. .	112



WORCESTERSHIRE COUNTY COUNCIL

Telephone : Worcester 23400

County Health Department,  
Love's Grove,  
Castle Street,  
Worcester.

*To the Chairman, Aldermen and Members of Worcestershire County Council*

Mr. Chairman, Ladies and Gentlemen,

In complying with the requirements of the Public Health Officers Regulations, 1959, I have pleasure in presenting my annual report for 1968.

This year for the first time the reports of the County Medical Officer of Health and the Principal School Medical Officer have been combined. This will save time and money and avoid a good deal of duplication of information.

The health department of the future is likely to see many changes. We are now facing computer application and provided efficiency with progress can be maintained then we must adopt mechanisation. It will present the long awaited opportunity to carry out research and analysis of the statistics produced annually about all aspects of the service. A number of health departments have already applied some of the services to computerisation with promising results. These methods are not likely to be considered prior to 1970 when some computer time will be available.

Worcestershire is becoming very "health centre" minded and it will be seen from the body of the report that many schemes are in the pipeline. With so many interested participants it is sometimes difficult to secure unanimous approval on the proposals but with persistent effort and goodwill completion of the projects is ultimately assured.

The progress being made on new clinics is most encouraging and it is quite obvious that the health services will develop rapidly in the provision of new buildings for the next decade.

The provision of new places for educationally subnormal school children has now reached a satisfactory level with the opening of Rigby Hall, the new school at Bromsgrove, and the Vale of Evesham School for day pupils and boarders.

*Statistics :* The Registrar General's estimated population for the administrative County of Worcestershire at 30th June, 1968 shows an increase of 9,110 over the previous year. This trend will undoubtedly continue to make it difficult to be realistic in assessing the demands on all services in the future.

The high standard of health of the school children in the County has again been maintained over the year. Similar remarks can apply equally to the community at large.

There was a slight increase in the number of births occurring in the County during the year and it is pleasing to note that the number of stillbirths and infant deaths was slightly below those of the previous year.

*Family Planning :* Every encouragement and help has been given to the local Family Planning Association and all requests to provide suitable premises in which to establish a family planning unit have been met. Co-operation has led to a mutual and happy working relationship.

*Care of Mothers and Young Children :* Contrary to many views the child health clinics have continued to provide a useful service and numbers attending such clinics compare favourably with the previous year.

*Dental Service :* The remarks of the Chief Dental Officer concerning dental treatment of nursing and expectant mothers and pre-school children are not encouraging. It is hoped that through the medium of health education that this unhappy situation can be improved.

*Ambulance Service :* It is pleasing to report that the new central radio control for both the ambulance and midwifery services is now in full use. This is proving a great asset and it means that the ambulance control staff can now work under modern and congenial conditions during their periods of duty throughout each 24 hours.

*Cervical Cytology :* There has been some improvement in the numbers of women coming forward to attend the cervical cytology clinics and indeed some centres have a waiting list. As I have commented on previous occasions we are still only dealing with the "converted" and an intensive campaign is vital to overcome this apathy.



<i>Midwifery and Home Nursing Service :</i>	For the benefit of the doctor, midwife, nurse and patient, more and more disposable equipment is now being used on a large scale in the county and its use will continue to expand within prescribed financial limits. Some problems have arisen over the disposal of this equipment but no major crisis has arisen.
<i>Health Visiting :</i>	From the body of the report it will be seen that co-ordination and co-operation of the health department with the hospital and family doctor services are constantly being improved. Mutual understanding exists and all concerned are to be congratulated on the close relationships that are being established for the common cause, especially the attachment or liaison schemes which exist between domiciliary staff and family doctors.
<i>List of Children " at risk " :</i>	At the request of the Department of Health and Social Security, the scheme for notification of congenital defects which are apparent at birth is also mentioned later in some detail.
<i>Environmental Health Services :</i>	The County Public Health Inspector explains in his report the limited action that has been taken in the fluoridation of the public water supplies. The provision of extended and new sewage disposal works, preferably in the form of combined scheme by a number of district councils, has received much attention during the past year.
<i>Chiropody Service :</i>	Taking the county as a whole the chiropody service has continued to meet the needs of the elderly, the physically handicapped and expectant mothers and all concerned are to be congratulated on this excellent service which has been maintained in spite of shortages of staff and transport difficulties.
<i>Vaccination and Immunisation :</i>	Once again I must stress how important it is for all children to be satisfactorily immunised against diphtheria, whooping cough, tetanus, measles and poliomyelitis. It is essential to maintain a satisfactory level of immunity in as great a percentage as possible within the community, ideally 100%, in an endeavour to stamp out these infectious diseases.
<i>Health Education :</i>	Comment should be made on venereal disease which shows a substantial increase in the number of cases in the county. To combat this scourge every effort must be maintained by all concerned to ensure the treatment and adequate follow-up of all patients. " Contact tracing " and ensuring that patients complete their treatment are not easy problems to overcome but every effort is being made by way of health education lectures to bring the awareness of the disease to those of the community who can best help in future.
<i>Installation of Kidney Machines :</i>	In the body of my report details are given on the adaptation of homes to install artificial kidney machines. Considerable difficulties were anticipated in this service but due to the excellent co-operation of all concerned these have now been overcome.
<i>Home Help Services :</i>	The home help service continues to provide most welcome assistance for those in need. With the changing pattern of hospital treatment there could well be a greater need in the future for this service amongst domiciliary patients.
<i>Mental Health Service :</i>	<p>The community based mental health services continue to expand. The recent opening of the new junior training centre at Halesowen was a welcome step forward and the early conversion of the Netherend Centre into an adult training centre can now proceed.</p> <p>The transfer of junior training centres to the control of the Education Committee has much to be said in favour and against the change. It is surprising how many parents of handicapped children prefer the title of " school " rather than " centre." It is felt that to attend a school is normal and to attend a centre carries with it some form of stigma, What is required is the provision of adequate and trained staff, an enlightened outlook and the unimpeded and uninhibited development of this service to ensure that the children of to-day and future ones will derive maximum benefit and happiness.</p> <p>It will be seen from the body of the report that the work of the district mental welfare officers is becoming very specialised and carries with it heavy responsibilities. Mental illness and distress within the community, apart from the essential care of the psychiatrist and the family doctor require the expertise of a social worker who is specially trained and experienced in dealing with every aspect of the serious and disturbing features presented in a variety of forms by these acute or chronically mentally ill patients.</p> <p>I am pleased to record the gratitude of the staff for all the presents of equipment, toys, special outings, and money made to all centres by the many voluntary associations and individual sympathizers.</p>

*School Health Service :*

The health of the school children in Worcestershire has continued to be satisfactory. Increasing attention is devoted to the examination and assessment of every handicapped child in order to recommend the best medical and educational treatment from which the child can derive the maximum benefit.

The expansion of the audiology service has enabled progress to be made both with the deaf and with those children with partial hearing. The Education Committee have agreed to the appointment of a fourth peripatetic teacher to enable the education of these children to be carried out adequately and efficiently through tuition at home. The only group presenting some difficulty is the group of children suffering from multiple defects ; some physical, some mental and emotional, and, more unfortunately, some with a combination of physical, mental and emotional defects.

Although the funds available in the “ Minor Building Works ” has been severely cut back by the Department of Education and Science, the Education Committee have continued to allocate a fair share to the improvements in the sanitary facilities at some of the older rural schools.

The teaching staffs and Heads of schools have been most helpful, freely accepting the inevitable disturbance of class routine caused by medical examinations. Their advice is invaluable in cases where a school medical officer is examining children with special emotional defects, and the medical and nursing staff are grateful for their interest and assistance.

*Child Guidance Service :*

All good wishes for the future are extended to Dr. J. J. Graham, the Medical Director of the Child Guidance Service who retired in December after twenty years service. During this period the Child Guidance Service became an integral and essential part of the education and health services of the county. Dr. Graham built up the nucleus of a happy and efficient team which strove manfully to cope with an ever increasing call for its services.

*General :*

I have not referred to three very important matters.

Firstly, the promised publication of a second Green Paper on the National Health Service.

Secondly, some direction from the Department of Health and Social Security on the future implementation of the Seebohm Report.

And thirdly, the imminent publication of the Report of the Royal Commission on Local Government which might have a decisive effect on existing staff calling for some re-orientation or re-deployment of officers between authorities. I hope that local health authorities will not abrogate, knowingly or unknowingly, their communal and personal health responsibilities because, if they are not extremely watchful, they will find that direct provision and supervision of these well proven services will have passed from their control.

I am grateful to all members of the staff for their devoted attention to their work, especially the administrative heads of the various sections who continue to cope in an eminently satisfactory manner with the continual changes especially amongst the younger female personnel.


Co-operation with other departments of the County Council is very good, and the excellent working arrangements with the Chief Education Officer, the teachers and Heads of schools has proved invaluable.

I am indebted to the Chairmen and Members of the various Health sub-committees for their continued guidance and encouragement. In particular to Mrs. Salmon, Chairman of the Education, Child Care Sub-Committee and Mrs. Talbot, Chairman of the Education Committee, and to Mr. Tooby, Chairman of the Health Committee for his support and advice.

J. W. PICKUP,

County Medical Officer and  
Principal School Medical Officer.





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PART I

VITAL AND GENERAL STATISTICS

# *Vital Statistics*

Area of the Administrative County .. 434,235 Acres

Population 1968 mid-year estimate .. 438,840

Estimated rateable value 1968/69 .. £16,811,473

Estimated product of a penny rate

1968/69 .. .. . £69,005

	Worcestershire			England and Wales	
	Male	Female	Total		
Live Births :					
Legitimate .. .. .	3591	3328	6919		
Illegitimate .. .. .	211	208	419		
Live births rate per 1,000 population				16.7	16.9
Illegitimate live births per cent of total live births .. .. .				5.7	
Stillbirths					
Legitimate .. .. .	53	41	94		
Illegitimate .. .. .	2	6	8		
Stillbirth rate per 1,000 live and stillbirths .. .. .				13.7	14.0
Total live and stillbirths .. .. .	3857	3583	7440		
Infant deaths (deaths under one year) .. .. .	51	43	94		

## Infant Mortality rates :

Total infant deaths per 1,000 total live births .. .. .	12.8	18.0
Legitimate infant deaths per 1,000 legitimate live births ..	12.0	
Illegitimate infant deaths per 1,000 illegitimate live births ..	26.2	
Neo-natal mortality rate (deaths under four weeks per 1,000 Total live births) .. .. .	9.3	12.3
Early neo-natal mortality rate (deaths under one week per 1,000 total live births) .. .. .	7.6	10.5
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths) .. .. .	21.2	25.0

## Maternal mortality (including abortion)

Number of deaths .. .. .	0	
Rate per 1,000 total live and stillbirths.. .. .	—	0.24

Vital Statistics by District

District	Estimated population middle of 1968	No. of births	Birth Rates		No. of illegitimate births	No. of deaths	Death Rates		Deaths under one year	Infant mortality rate a 1,000 live births	Respiratory tuberculosis		Cancer death rate
			Crude	Standardised			Crude	Standardised			No. of deaths	Death rate	
<i>Urban Districts</i>													
Bewdley (M.B.)	6,350	131	20.6	18.1	9	72	11.3	13.3	4	31	—	—	2.0
Bromsgrove	39,000	649	16.6	14.9	29	429	11.0	10.1	4	6	1	.03	1.6
Droitwich (M.B.)	9,670	160	16.5	16.5	8	132	13.7	10.7	4	25	—	—	2.3
Evesham (M.B.)	13,150	199	15.1	15.3	9	222	16.9	11.0	4	20	—	—	2.1
Halesowen (M.B.)	51,180	829	16.2	15.6	19	543	10.6	11.9	7	8	4	.08	2.5
Kidderminster (M.B.)	46,180	878	19.0	19.0	68	520	11.3	10.7	11	13	4	.09	2.0
Malvern	29,530	421	14.3	16.9	35	311	10.5	9.1	4	10	1	.03	2.0
Redditch	37,080	673	18.1	17.6	43	339	9.1	10.1	11	16	—	—	1.8
Stourbridge (M.B.)	51,970	878	16.9	16.1	33	537	10.3	11.2	10	11	1	.02	2.0
Stourport	15,260	357	23.4	22.2	19	129	8.5	11.6	5	14	—	—	2.0
<i>All Urban Districts</i>	299,370	5,175	17.3	17.0	272	3,234	10.8	10.8	64	12	11	.04	2.0
<i>Rural Districts</i>													
Bromsgrove	37,220	635	17.1	15.9	30	278	7.5	8.3	12	19	—	—	1.5
Droitwich	15,680	238	15.2	16.0	14	158	10.1	10.5	2	8	1	.06	2.4
Evesham	18,890	320	16.9	19.1	14	220	11.6	11.4	2	6	—	—	2.4
Kidderminster	12,640	166	13.1	12.1	13	122	9.7	10.7	—	—	2	.16	2.5
Martley	13,330	188	14.1	14.8	26	125	9.4	9.7	5	26	1	.08	2.3
Pershore	21,200	298	14.1	15.4	22	234	11.0	11.3	5	17	1	.05	2.2
Tenbury	5,380	84	15.6	17.8	7	59	11.0	11.0	1	12	—	—	1.7
Upton	15,130	234	15.5	18.0	21	267	17.6	9.5	3	13	—	—	2.6
<i>All Rural Districts</i>	139,470	2,163	15.5	16.0	147	1,463	10.5	10.0	30	14	5	.04	2.1
<i>Administrative County</i>	438,840	7,338	16.7	16.5	419	4,697	10.7	10.6	94	13	16	.04	2.0



*Population of Administrative County*

							Mid Year 1967	Mid Year 1968
Urban areas								
Bewdley M.B.	..	..	..	..	..	..	5610	6350
Bromsgrove	..	..	..	..	..	..	38480	39000
Droitwich M.B.	..	..	..	..	..	..	8970	9670
Evesham M.B.	..	..	..	..	..	..	13140	13150
Halesowen M.B.	..	..	..	..	..	..	50390	51180
Kidderminster M.B.	..	..	..	..	..	..	45510	46180
Malvern .. ..	..	..	..	..	..	..	28630	29530
Redditch .. ..	..	..	..	..	..	..	36900	37080
Stourbridge M.B.	..	..	..	..	..	..	51300	51970
Stourport-on-Severn	..	..	..	..	..	..	14610	15260
Total .. ..							<u>293540</u>	<u>299370</u>
Rural areas								
Bromsgrove	..	..	..	..	..	..	36500	37220
Droitwich .. ..	..	..	..	..	..	..	15300	15680
Evesham .. ..	..	..	..	..	..	..	18620	18890
Kidderminster	..	..	..	..	..	..	12480	12640
Martley .. ..	..	..	..	..	..	..	13140	13330
Pershore .. ..	..	..	..	..	..	..	19890	21200
Tenbury .. ..	..	..	..	..	..	..	5360	5380
Upton-upon-Severn	..	..	..	..	..	..	14900	15130
Total .. ..							<u>136190</u>	<u>139470</u>
Total Administrative County..							429730	438840

Causes of Death		All Ages		Under 4 weeks		4 weeks and under 1 year		1—4 Years		5—14 Years		15—24 Years		25—34 Years		35—44 Years		45—54 Years		55—64 Years		65—74 Years		75 and over	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
ALL CAUSES		2385	2311	38	30	13	13	5	8	11		30	15	25	13	47	38	181	101	432	239	721	547	877	1299
B4	Enteritis and other Diarrhoeal Diseases	4	1																	1		1		1	
B5	Tuberculosis of Respiratory System ..	6	5																	2		2			
B6	Other Tuberculosis including Late Effects	5				1														2					
B14	Measles ..	1				1																			
B18	Other Infective and Parsitic Diseases	5	6		1																				
B19(1)	Malignant Neoplasm Stomach ..	49	45																	2		2		1	1
B19(2)	Malignant Neoplasm Lung, Bronchus	169	30																	9		11	12	14	21
B19(3)	Malignant Neoplasm Breast ..	1	90												3				6		67	6	33	7	
B19(4)	Malignant Neoplasm Uterus ..		33																19		1	23		22	
B19(5)	Leukaemia ..	21	16																5		8	6		11	
B19(6)	Other Malignant Neoplasms etc.	241	199																1		4	4	3	4	
B20	Benign and Unspecified Neoplasms	4	8																23		55	72	62	53	
B21	Diabetes Mellitus ..	12	29																2		3	2		3	3
B22	Avitaminoses etc. ..		3																	4		13		12	
B46(1)	Other Endocrine etc. Diseases	1	15																1		4	1		2	
B23	Anaemias ..	3	5																	4		4		5	
B46(3)	Mental Disorders ..	2	4																	1		1		4	
B24	Meningitis ..	2																		2		1		2	
B46(4)	Other Diseases of Nervous System etc.	22	22																					4	
B26	Chronic Rheumatic Heart Disease	21	38																	2		4	12	6	4
B27	Hypertensive Disease ..	37	59																	12		12	10	1	8
B28	Ischaemic Heart Disease ..	619	460																	4		11	21	11	32
B29	Other Forms of Heart Disease ..	88	185																	32		192	111	215	308
B30	Cerebrovascular Disease ..	310	415																	7		24	25	53	145
B46(5)	Other Diseases of Circulatory System	92	114																	30		89	93	173	276
B31	Influenza ..	11	15																	7		29	22	52	83
B32	Pneumonia ..	133	161																	8		2	1	5	13
B33(1)	Bronchitis and Emphysema	207	64																	2		29	25	72	122
B33(2)	Asthma ..	4	8																	6		87	22	71	32
B46(6)	Other Diseases of Respiratory System	26	26																	7		24	25	14	15
B34	Peptic Ulcer ..	32	14																	30		8	3	14	15
B35	Appendicitis ..	1	1																	7		12	5	13	9
B36	Intestinal Obstruction and Hernia	18	6																	1		4	2	7	1
B37	Cirrhosis of Liver ..	7	8																	1		2	1	2	1
B46(7)	Other Diseases of the Digestive System	17	33																	3		2	1	2	1
B38	Nephritis and Nephrosis ..	10	5																	5		6	6	4	18
B39	Hyperplasia of Prostate ..	14																		1		2	2	2	3
B46(8)	Other Diseases, Genito-Urinary System..	11	28																	3		4	6	10	15
B46(9)	Diseases of Skin, Subcutaneous Tissue		5																	1		3	5	5	3
B46(10)	Diseases of Musculo-Skeletal System	12	13																	3		4	5	4	4
B42	Congenital Anomalies ..	15	16																	2		4	6	10	15
B43	Birth Injury, Difficult Labour etc.	9	11																	3		4	5	4	4
B44	Other Causes of Perinatal Mortality	16	10																	2		4	1		
B45	Symptoms and Ill Defined Conditions	20	25																	1		2	1	18	24
BE47	Motor Vehicle Accidents ..	35	14																	7		1	4	4	3
BE48	All Other Accidents ..	45	46																	4		7	11	13	29
BE49	Suicide and Self Inflicted Injuries	20	15																	4		4	5	2	1
BE50	All other External Causes ..	7	5																	2		1	2	1	1



CAUSES OF DEATH		URBAN DISTRICTS							RURAL DISTRICTS							GRAND TOTAL FOR COUNTY						
		Bewdley B.	Bromsgrove	Droitwich B.	Evesham B.	Halesowen B.	Kidderminster B.	Malvern	Redditch	Stourbridge B.	Stourport-on-Severn	Total	Bromsgrove	Droitwich	Evesham		Kidderminster	Martley	Pershore	Tenbury	Upton-on-Severn	Total
All Causes	.. .. .	72	429	132	222	543	520	311	339	536	129	3233	278	158	220	122	125	234	59	267	1463	4696
B4	Enteritis and other Diarrhoeal diseases	..	..	..	..	..	..	..	..	..	..	3	..	1	..	..	..	1	..	..	2	5
B5	Tuberculosis of respiratory system	..	1	..	..	1	3	1	..	1	..	7	..	1	..	..	1	1	..	..	4	11
B6	Other tuberculosis, including late effects..	..	..	..	..	3	1	..	..	..	..	4	..	..	..	1	..	..	..	..	1	5
B14	Measles	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	1
B18	Other infective and parasitic diseases	..	3	1	..	..	1	1	2	1	..	9	2	..	..	..	..	..	..	..	2	11
B19(1)	Maglignant neoplasm—stomach	..	5	1	2	13	13	4	11	12	4	65	3	1	5	5	4	2	1	8	29	94
B19(2)	Malignant neoplasm—lung, bronchus	..	17	4	5	31	13	12	14	27	9	133	15	12	11	6	8	6	1	7	66	199
B19(3)	Malignant neoplasm—breast	1	3	2	5	10	12	6	6	11	4	60	9	4	3	6	4	2	1	2	31	91
B19(4)	Malignant neoplasm—uterus	..	6	..	3	3	3	2	2	1	1	21	2	1	3	1	1	2	1	2	12	33
B19(5)	Leukaemia	..	1	..	2	8	1	1	2	..	2	17	3	1	5	1	2	7	1	..	20	37
B19(6)	Other malignant neoplasms etc.	11	29	15	10	62	50	34	30	50	11	302	25	18	19	12	11	28	5	20	138	440
B20	Benign and unspecified neoplasms	..	..	..	..	..	2	..	2	..	..	5	1	..	1	..	1	..	1	3	7	12
B21	Diabetes mellitus	..	5	3	1	1	8	..	4	6	..	28	2	..	4	..	1	2	..	4	13	41
B22	Avitaminoses, etc.	..	..	..	..	1	..	..	..	1	..	2	1	..	..	..	..	3	..	..	1	3
B46(1)	Other endocrine etc., diseases	..	1	..	1	1	3	1	1	2	1	10	1	2	..	..	..	..	..	2	6	16
B23	Anaemias	..	..	..	..	1	1	..	1	..	1	6	..	..	..	..	..	..	..	..	2	8
B46(3)	Mental disorders	..	..	..	..	..	1	..	..	..	..	3	..	..	1	..	..	..	..	..	3	6
B24	Meningitis	..	..	..	..	..	..	..	1	..	..	1	1	..	..	..	..	..	..	2	3	6
B46(4)	Other diseases of Nervous system, etc.	1	5	1	4	5	6	3	2	1	1	29	3	1	4	..	..	2	3	2	15	44
B26	Chronic rheumatic heart disease	2	6	2	3	10	8	3	7	4	5	50	4	1	..	..	..	1	..	1	9	59
B27	Hypertensive disease	..	5	1	6	7	5	6	3	20	1	55	5	4	6	2	4	10	3	9	41	96
B28	Ischaemic heart disease	..	126	28	48	122	118	82	88	125	18	768	56	40	61	30	28	43	10	43	311	1079
B29	Other forms of heart disease	..	13	4	24	25	37	18	20	34	13	192	10	5	10	7	11	13	5	20	81	273
B30	Cerebro vascular disease	..	11	65	50	95	77	54	40	89	19	526	34	22	37	18	14	32	9	33	199	725
B46(5)	Other diseases of circulatory system	..	4	15	3	11	28	18	14	21	5	136	16	6	5	1	4	13	4	21	70	206
B31	Influenza	..	..	..	..	5	6	1	..	..	..	17	1	1	..	1	1	5	..	..	9	26
B32	Pneumonia	..	4	45	9	20	34	23	20	27	5	194	19	5	11	6	5	12	5	37	100	294
B33(1)	Bronchitis and emphysema	..	6	26	12	42	27	13	18	41	9	202	18	5	6	7	8	13	4	8	69	271
B33(2)	Asthma	..	..	..	..	2	2	1	1	1	..	7	1	1	1	1	1	1	..	..	5	12
B46(6)	Other diseases of respiratory system	..	3	5	6	10	2	1	1	5	1	37	1	1	1	1	1	5	1	5	15	52
B34	Peptic ulcer	..	..	..	1	7	7	2	5	5	1	36	2	1	3	2	..	1	..	1	10	46
B35	Appendicitis	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	1	..	..	1	2
B36	Intestinal obstruction and hernia	..	..	..	1	1	4	..	3	3	2	16	2	1	2	..	..	1	..	2	8	24
B37	Cirrhosis of liver	..	1	..	1	1	2	1	2	1	..	7	..	1	1	1	3	2	..	2	8	15
B46(7)	Other diseases of digestive system	1	2	..	1	5	5	3	2	10	1	29	3	3	2	2	1	2	1	7	21	50
B38	Nephritis and nephrosis	..	..	..	2	3	1	1	1	4	1	13	2	..	..	..	1	1	..	..	6	14
B39	Hyperplasia of prostate	..	..	..	..	4	1	1	2	..	..	8	2	1	1	1	1	2	..	6	15	39
B46(8)	Other diseases, genito-urinary system	..	..	6	1	..	6	3	3	2	2	24	1	3	2	1	1	2	..	6	15	39
B46(9)	Diseases of skin, subcutaneous tissue	..	..	..	..	..	..	1	..	..	..	1	1	..	2	..	..	1	..	..	4	5
B46(10)	Diseases of musculo-skeletal system	..	..	..	..	..	..	2	3	4	..	19	1	..	..	2	1	1	1	..	6	25
B42	Congenital anomalies	2	1	3	1	2	5	1	6	2	..	23	1	..	..	..	3	3	..	1	8	31
B43	Birth injury, difficult labour, etc.	..	..	..	2	1	1	1	2	3	1	11	4	..	..	..	1	2	1	1	9	20
B44	Other causes of perinatal mortality	..	2	1	..	3	4	1	3	3	4	21	3	1	1	..	..	..	..	4	5	26
B45	Symptoms and ill-defined conditions	..	1	2	..	3	6	3	4	3	1	23	11	5	6	1	2	..	1	5	22	45
BE47	Motor vehicle accidents	..	5	1	..	1	3	..	5	4	3	23	5	4	6	1	2	2	1	5	26	49
BE48	All other accidents	..	13	3	8	10	8	1	6	11	4	66	7	4	2	2	4	3	1	2	25	91
BE49	Suicide and self-inflicted injuries	..	1	2	3	..	..	3	4	1	..	15	2	1	5	2	2	3	..	5	20	35
BE50	All other external causes	..	1	..	1	1	2	2	1	..	..	8	..	..	..	1	..	2	..	1	4	12



PART II

HEALTH CENTRES

SECTION 21

NATIONAL HEALTH SERVICE ACT, 1946

### *Health Centres*

In April, 1967 the Ministry of Health (now the Department of Health and Social Security) brought to the notice of local health authorities ways in which schemes for the erection of health centres might be standardised.

Since the introduction of the National Health Service Act, 1946 and up to recent years, little interest had been shown in health centres over the country as a whole. Indeed it did appear that such centres were not in favour, but the Ministry say there has been considerable national interest in the provision of health centres during the past two or three years and it would appear that this is the trend for the future.

Under the terms of Section 21 of the National Health Service Act, 1946 local health authorities can establish, equip and staff, subject to the approval of the Minister, health centres which are usually purpose built premises with facilities for all or any of the following services :—

- (a) general medical services
- (b) general dental services
- (c) pharmaceutical services
- (d) local health authority services
- (e) hospital out-patient services
- (f) health education

It is recognised that in providing health centres the best interests of the community can be met but it does call for a closer integration of the local health authority and general practitioner services. Complete co-operation and understanding of all concerned is vital for the success of any project.

At present in Worcestershire schemes are proceeding for the provision of health centres in the new town of Redditch (West of the River Arrow), Stourport-on-Severn and Wythall. Discussions will also be taking place concerning future centres at the new town of Redditch (East of the River Arrow), Halesowen and Droitwich.

In all discussions on health centres that have taken place the need for close liaison has been demonstrated in order to avoid misunderstanding. Each scheme appears to have numerous problems and the only criticism to be levelled at any body is the time required to finalise detail, purchase sites, etc. It has been a pleasure to work with the Worcestershire Executive Council, General Practitioners, Birmingham Regional Hospital Board and Local Authorities. The County Architect has been hard pressed with drawings, etc. but his assistance, without which progress would be impossible, is very much appreciated. The appropriate Ministry or Department have also given valuable guidance with constructive forward thinking.

PART III

CARE OF MOTHERS  
AND YOUNG CHILDREN

SECTION 22

NATIONAL HEALTH SERVICE ACT, 1946



*Care of Mothers and Young Children*  
(Section 22—National Health Service Act, 1946)

*Child Health Centres*

The child health sessions were well attended, justifying their continuation. One new centre was opened at Stoke Works. A purpose built clinic was opened at Catshill replacing the two clinics previously held in rented premises at Marlbrook and Catshill.

A further new service started at two of the clinics was the appointment of an interpreter who attends as the need arises to help the immigrant mothers.

A total of 20,585 pre-school children were seen at child health sessions during the year compared with 22,737 during the previous year.

*Mobile Clinics*

These clinics continue to be very much appreciated by mothers in rural areas who, otherwise, would be unable to attend any child health centre. The numbers attending have been well maintained.

*Children with congenital defects*

The scheme for notification of congenital abnormalities apparent at birth is continuing. The birth notification card is still the main source of this information and where abnormalities are not apparent at birth, details are obtained from hospital discharge forms and health visitors.

Congenital defects involving the following systems were notified to the Registrar General during the year :—

Central Nervous System	..	..	..	..	..	27 (17)
Ear	..	..	..	..	..	— (1)
Eye	..	..	..	..	..	2 (1)
Alimentary System	..	..	..	..	..	21 (18)
Heart	..	..	..	..	..	9 (7)
Urogenital System	..	..	..	..	..	8 (12)
Limbs excluding talipes	..	..	..	..	..	17 (18)
Talipes	..	..	..	..	..	35 (42)
Other defects	..	..	..	..	..	14 (15)
						<hr/> 133

13 of these cases were stillbirths. Cases notified in 1967 are in parenthesis.

*At Risk List*

A register continues to be kept of children who are particularly liable to develop an abnormality because of events occurring during pregnancy, at delivery or post-natally. Extra help to parents and children is given whenever necessary. There were 10,040 children on the “at risk” list at the end of the year.

*Defects List*

All children with a congenital malformation, or other abnormality diagnosed later continue to be kept under close observation by the health visitor who submits a regular report. This ensures referral to the school health service and the provision of suitable schooling for their needs.

Children with known defects at the end of the year were as follows :—

Blind	..	..	..	..	..	..	..	..	1
Visual and eye defects	..	..	..	..	..	..	..	..	16
Deaf	..	..	..	..	..	..	..	..	3
Hearing loss	..	..	..	..	..	..	..	..	1
Epilepsy	..	..	..	..	..	..	..	..	16
Speech	..	..	..	..	..	..	..	..	37
Diabetes	..	..	..	..	..	..	..	..	3
Physically handicapped	..	..	..	..	..	..	..	..	116
Cardio-muscular defects	..	..	..	..	..	..	..	..	51
Mentally retarded	..	..	..	..	..	..	..	..	90
Other defects	..	..	..	..	..	..	..	..	60
									394

*Causes of stillbirths and infant deaths*

The following table shows the causes of the stillbirths and infant deaths :—

Cause	Infant Deaths				
	Stillbirth	0-1 week	1-4 weeks	1-12 months	1-5 years
Maternal antepartum haemorrhage .. ..	14	—	—	—	—
Maternal toxæmia .. ..	10	—	—	—	—
Placental insufficiency ..	12	—	—	—	—
Birth trauma .. ..	28	13	—	—	—
Congenital abnormality ..	17	7	6	14	2
Rhesus incompatibility ..	3	1	—	—	—
Prematurity .. ..	2	16	2	—	—
Pulmonary conditions ..	—	15	1	5	4
Infections other than pulmonary .. ..	—	—	2	4	2
Malignant conditions ..	—	—	—	—	4
Accidents .. ..	—	—	—	—	5
Other known causes ..	2	3	—	2	1
Causes not known .. ..	15	1	—	—	—
	103 (115)	56 (76)	11 (14)	25 (35)	18 (21)
Figures for 1967 are in parenthesis					

*Report of work carried out by the Worcestershire Diocesan Association for Family and Social Service*

During the year 354 new cases were referred to the diocesan workers. Of this number 322 were expectant mothers and 241 of these came from the County area.

Of the 322 expectant mothers, 38 were admitted to mother and baby homes, 30 of whom resided in the County and received help with their fees.

There were 75 admissions to the diocesan mother and baby home at Barsham House, Malvern, 16 of these being from the Worcestershire County area.

*Family Planning Clinics*

*Report of work carried out by the Severn and Wye Branch of the Family Planning Association*

The Family Planning Association which is a voluntary body and acts as agents for the local health authority, has been running clinics in County premises, which are provided free of charge, at Bromsgrove, Kidderminster, Redditch and Evesham. This year a new clinic was also opened in the Worcester County clinic, to cater for those residents, who, up to that time, had been attending the Family Planning Association clinic already established in the city. Patients attend from the Droitwich, Malvern, Pershore and Martley districts and immediately outside the city boundary. Two hundred and five patients have registered, 104 of these having transferred from the city Family Planning Association clinic. The largest attendance is drawn from the 20 to 24 age group.

Arrangements are in hand for opening a clinic at Stourbridge early next year and this will be followed by Halesowen and other areas where the need is greatest. Expansion requires additional trained medical and nursing staff and this factor can delay implementation.

In order to accommodate the increased attendances, additional sessions have been provided at all the established clinics. In addition to their ordinary sessions, Bromsgrove and Redditch continue to give the specialist service for the examination and fitting of the intra-uterine device and receive referred patients, who require this method, from other clinics.

New patients .. .. .	874
Transfers in from other areas .. ..	404
Total attendances .. .. .	5,985
No. of sessions .. .. .	310

The above figures do not include County patients attending the Worcester Family Planning Association City Clinic before July, 1968.

*Cervical Cytology*

Due to increased publicity there are waiting lists for the clinics in Bromsgrove, Halesowen and Kidderminster.

The number of positive cases found in the County was 0.47% as compared with 0.28% in 1967. The number of suspicious cases was 0.25%.

The following table shows the number of attendances :—

Clinic	attendances	suspicious	positive
Worcester City and County ..	621 (County)	—	5
Stourbridge .. .. .	307	3	3
Halesowen .. .. .	392	—	—
Bromsgrove .. .. .	348	3	2
Kidderminster .. .. .	644	1	1
Redditch .. .. .	259	—	2
Evesham .. .. .	183	—	—

*Marriage Guidance*

Grants were made to the Birmingham and Worcestershire Marriage Guidance Councils during the year.



Ante-natal Clinics

There are no ante-natal clinics with a medical officer in attendance. Some midwives hold their own ante-natal clinics and others carry out joint sessions with general practitioners in their surgeries. Seventeen midwives clinics were held during the year. Five hundred and ninety sessions were held.

Ante-Natal, Mothercraft and Relaxation Classes

These clinics continue to fulfil a very useful purpose. They are well attended and the relaxation classes prove their value during labour. The slight decrease in numbers during last year is due to the drop in the birth rate. In one general practitioner's practice two members of the county nursing staff participated in a clinic.

Attendances at Relaxation and Parentcraft Classes					
Clinic	New Cases		Attendances		
	1968	1967	1968	1967	
Bromsgrove .. .. .	114	88	379	431	
Catshill (previously Marlbrook) ..	55	50	318	140	
Cradley .. .. .	35	31	103	117	
Droitwich .. .. .	62	50	179	193	
Evesham .. .. .	99	98	601	363	
Halesowen (Highfield Lane) ..	129	119	503	559	
Halesowen (Blackheath) ..	42	56	151	187	
Kidderminster .. .. .	142	114	399	405	
Lye .. .. .	46	45	183	201	
Malvern .. .. .	97	92	435	455	
Pershore .. .. .	35	37	93	127	
Redditch .. .. .	177	142	993	856	
Rubery .. .. .	66	67	326	326	
Stourbridge .. .. .	124	155	566	585	
Stourport .. .. .	98	54	570	433	
Tenbury .. .. .	21	22	95	117	
Wribbenthal .. .. .	19	34	85	162	
Wythall .. .. .	31	39	123	154	
Worcester County .. .. .	20	29	108	117	
Worcester City .. .. .	23	15	101	69	
Stourport H.M.C. .. .. .	300	253	370	327	

Nurseries and Child Minders

The number of new registrations has continued to increase due to all the publicity that has been given to the pre-school child and its needs. The overall standard throughout the County continues to be good but constant vigilance is required to ensure that all the regulations are being observed. There has been an enormous increase in the amount of clerical work involved in checking up on the background of the applicants but it has proved to be worthwhile.

In November, 1968 the Nurseries and Child Minders Act was amended to make compulsory the registration of all persons who were looking after even one child for reward and for a substantial part of the day, and this is increasing the number of registrations enormously.

At the end of the year 32 (30) persons and 80 (61) premises were registered, providing places for 2,352 (1,592) children.

(Figures for 1967 are in parenthesis).

Dental Treatment of Expectant and Nursing Mothers and Pre-School Children  
by C. W. D. Jones, B.D.S., Chief Dental Officer

Expectant and Nursing Mothers

The demand for this service is falling year by year and this year the number of patients seeking treatment fell to the lowest ever. This service is only for expectant mothers and those with children under twelve months of age, but when the child is over one year old the patient cannot return for a further course of treatment. She no longer has the freedom to choose where and by whom she wishes to be treated. Under these conditions the potential patients are not coming to the County clinics.

Pre-School

Despite the poor staffing position during most of the year, 8% more children were inspected than last year. The number referred for treatment was the same, but the number accepting fell. One of the more distressing sights is the very small, tear stained and swollen faced child that is brought to the surgery suffering toothache, especially when it is the same child whose parent refused treatment a few months earlier as " he was too small " or " I don't believe in having baby teeth filled." If only parents would listen more to the advice of the professional and less to hearsay, the less suffering there would be for their children.

The teeth of our children are in an appalling condition. A new entry class at a school can show 40% of the teeth decayed, missing or filled.

What can be done about this state of affairs ? I feel the blame rests squarely on the parents and they alone. They can guide the child's developing tastes and habits—if sensible rules about sweet eating and biscuit eating are applied : if the developing of a “savory” tooth rather than a “sweet” one was attempted : if the abolition of the “Dinkie Feeder” (some 25% of the parents of children at one school admitted to having used them) could be made—then the efforts of the County by treatment, advice and fluoridation could eliminate, nearly completely, this drastic disease of our children.

*Dental Services for Expectant and Nursing Mothers and Children Under 5 years*

PART A. ATTENDANCES AND TREATMENT

Number of Visits for Treatment During Year

	Children 0-4 (incl.)	Expectant and Nursing Mothers
First Visit .. .. .	318	78
Subsequent Visits .. .. .	196	156
Total Visits .. .. .	514	234
Number of Additional Courses of Treatment other than the First Course commenced during year .. .. .	17	3
Treatment provided during the year—Number of Fillings .. .. .	392	195
Teeth Filled .. .. .	369	184
Teeth Extracted .. .. .	407	169
General Anaesthetics given .. .. .	103	6
Emergency Visits by Patients .. .. .	67	4
Patients X-Rayed .. .. .	4	1
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis) .. .. .	16	29
Teeth Otherwise Conserved .. .. .	124	—
Teeth Root Filled .. .. .	—	1
Inlays .. .. .	—	—
Crowns .. .. .	—	1
Number of Courses of Treatment Completed during the year .. .. .	282	58
PART B. PROSTHETICS		
Patients Supplied with F.U. or F.L. (First Time) .. .. .	2	
Patients Supplied with Other Dentures .. .. .	7	
Number of Dentures Supplied .. .. .	23	
PART C. ANAESTHETICS		
General Anaesthetics Administered by Dental Officers .. .. .	—	
PART D. INSPECTIONS	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of Patients given First Inspections During Year .. .. .	894	69
Number of Patients in A and D above who require Treatment .. .. .	484	67
Number of Patients in B and E who were offered treatment .. .. .	387	65
PART E. SESSIONS		
Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) Devoted to Maternity and Child Welfare Patients :		
For Treatment .. .. .		162
For Health Education .. .. .		32

PART IV

MIDWIFERY

SECTION 23

NATIONAL HEALTH SERVICE ACT, 1946



*Midwifery Service*  
(Section 23—National Health Service Act, 1946)

*Births*

During the year, domiciliary midwives attended 1,826 births accounting for 20.4% of the total births in the County. 5,569 births took place in hospital of which 4,161 were discharged to the care of domiciliary midwives before the tenth day.

*Radio contact*

During the year, radio contact was extended and now serves the Boroughs of Droitwich, Kidderminster, Halesowen, Evesham and parts of Stourbridge, Redditch, Wythall, Hagley and Droitwich Rural.

Twenty-nine midwives' cars are fitted with two-way radio. It is anticipated that the service will be further extended to cover the whole of the county in the coming year. This service is proving its value and is increasingly appreciated by the midwives who receive excellent co-operation from ambulance control.

*Night rota scheme*

As a result of the extension of radio contact service, a night call system has been introduced in most of the above mentioned areas, and this has improved the conditions of service for the midwives concerned. These midwives are now beginning to work in groups, which helps to overcome professional isolation, and ensures that a patient will receive attention at whatever time a call is made.

*Analgesia*

British Oxygen Entonox analgesic machines entirely replaced the old type of nitrous oxide and gas machine. A total of 95 machines are in use throughout the County.

In addition, there are 13 trilene sets available for suitable cases.

*Refresher courses*

Under the Central Midwives Board (Rule G.1) seventeen midwives attended refresher courses. Some very interesting reports were received, and the information was disseminated to other members of the staff.

The County was fortunate during the year to recruit a number of district nurse/midwives who were mature women, having the dual responsibilities of home commitments and that of a nurse. These midwives had not practised midwifery for a number of years. In order to conform to the rules of the Central Midwives Board (Rule G.2), arrangements were made with Bromsgrove Maternity Hospital—(Part II Training School) for them to attend on a part-time basis. An agreed programme was prepared by the midwifery tutor and submitted to the Board for approval. Two district nurse/midwives have so far had the advantage of this course.

*Obstetric student nurses*

Thirteen student nurses who took the obstetric course of training as part of their general nurse training spent a day on the district with the domiciliary midwives.

Every effort was made to ensure that the students observed as much domiciliary midwifery as possible, including a "labour" call, nursing of mothers and babies, following both home and hospital deliveries. Attendances were also made at parentcraft and relaxation classes, and at the general practitioner ante-natal clinics.

Discussions following the visits were held in the hospital at which the tutor, midwife superintendent and supervisor of midwives attended. Some constructive criticism was put forward, and it was felt that the students both enjoyed and profited by the "day out" on the district.

*Domiciliary Midwives Equipment*

*Vickers Infants resuscitators*

Six of these were purchased and following a demonstration were issued to the district teaching midwives. The ultimate aim is for each midwife to be equipped with her own resuscitator.

*Pupil midwives Part II district training*

Six pupil midwives completed the Part II district training in midwifery and all were successful in qualifying.

Due to the diminishing numbers of domiciliary confinements and the consequent difficulty of ensuring sufficient cases to enable the pupil midwives to become proficient, an arrangement has been made with the Lucy Baldwin Hospital, Stourport-on-Severn and Bromsgrove Maternity Hospital, for pupils to go into the hospital and deliver patients whom they will continue to attend on the district when they are discharged home. The teaching district midwife will not be responsible for supervising the delivery in hospital but she will undertake supervisory visits when the patient returns home and is being nursed by her pupil.

### *Health Education*

A short ‘in-service’ training course was given to instruct midwives in the Kidderminster area on preparation of talks to expectant mothers. It is hoped to arrange further courses in other areas in the near future, so that more midwives can take part in this work.

### *Emergency Obstetric Unit*

The “ Flying Squad ” was called by midwives on nine occasions during the year.

Six were cases of retained placenta ; (one of these had a blood transfusion following manual removal of the placenta) and three patients were transferred to hospital on account of post-partum haemorrhage.

### *Liaison with hospital and local authority*

The domiciliary midwives were invited to attend specialists’ lectures at Bromsgrove Maternity Hospital and discussion groups were arranged by the Hospital for domiciliary teaching midwives.

### *Disposable Equipment*

Disposable equipment continues to be increasingly used throughout the County and is of inestimable value both to patients and staff.

The problem now arising is the disposal of the disposable equipment.

### *Practising Midwives in the County*

Fifty hospital midwives, five private midwives and 105 domiciliary midwives notified their intention to practise in the County during the year.

### *Premature Births*

There were 437 premature live births and 62 premature stillbirths during the year. Forty-five of the premature live births died before they were four weeks old.

### *Stillbirths*

There were 103 stillbirths during the year.

### *Maternal Deaths*

There was only one maternal death associated with pregnancy. This mother suffered from a heart condition and died from a vascular accident which could have occurred at any time.



PART V

HEALTH VISITING

SECTION 24

NATIONAL HEALTH SERVICE ACT, 1946



*Health Visiting*  
(Section 24—National Health Service Act, 1946)

*Students*

Experience of the work of the health visitor was given to 151 students in the following categories :—

Student health visitors . . . . .	8	Student nurses . . . . .	64
Pupil Nurses . . . . .	48	Social work and child-care students	12
Other (e.g. obstetric students, student teachers) . . . . .	19		

There has been a marked increase in the student intake into the county between 1966 and 1968.

*Health Visitors Training*

Five students were accepted for health visitor training.

City of Birmingham College of Commerce . . . . .	2
North Gloucestershire Technical College . . . . .	3

*Post-Graduate Courses*

Health visitors . . . . .	8 Health Visitors
Management—Middle . . . . .	1 Nursing officer
First line . . . . .	1 Group Adviser
Field work instructors course . . . . .	1 Health visitor
Course in family psychiatry . . . . .	1 Health visitor

*Hospital Liaison*

Board of Post-Registration Nurse Training, Birmingham Region.

At Barnsley Hall Hospital, 48 health visitors attended half study days throughout the year and were instructed in a variety of extremely interesting subjects :

Aspects of Psychiatry  
Deaf/Blind Unit  
Autistic Child and Cerebral palsy  
Observing and recording

*Queen Elizabeth Hospital*

Sixty-eight health visitors attended this hospital during the year. Visits were made to the intensive therapy, kidney dialysis and professorial psychiatric units.

*In-Service Training*

The screening of hearing course, the fourth of its kind, was once again held at Barrington Road Child Health Clinic, Rubery. This year, it was held in September, in an effort to avoid the many upper respiratory infections which give rise to catarrhal conditions prevalent in babies in the later autumn and winter months. Nine health visitors attended the course carried out by the County's audiometric team. Four attended from neighbouring local health authorities.

*Geriatric Health Visitors*

There has been a further increase in staff :

1 Geriatric H.V. Stourbridge  
1 Geriatric Assistant, Redditch.

*General Practitioner/Local Health Authority Staff*

General practitioner/midwife attachment was arranged in Kidderminster from 4th March, 1968.

It has been noted with interest that since attachment more cases have been booked by the midwives for home confinement. The sphere of work of the midwives is increasing to embrace all the maternity patients of the practices. They meet the patients at the doctor's ante-natal clinic and visit them after their return from hospital.

The arrangement has added greater interest to the work of the midwives and appears to meet with the unqualified approval of doctors and patients alike.

In Malvern attachment schemes have been arranged between the four main general practitioner practices and four district nurse/midwives. These came into operation on 1st September and are working successfully.

PART VI

HOME NURSING

SECTION 25

NATIONAL HEALTH SERVICE ACT, 1946

*Home Nursing*  
(Section 25—National Health Service Act, 1946)

The home nurses attended 8,455 patients during the year, 4,708 of whom were 65 years of age or over and 322 under the age of five.

*Home Nursing attendants*

The demand for home nursing attendants continued to increase, especially from the geriatric health visitors. They are providing a very useful service and work well under the supervision of the district nurses. The number of home nursing attendants is now twenty-six.

*County Night Sitters Service*

The night sitters scheme continues to provide help where needed and, during the year, 17 patients benefited from this service.

*Marie Curie Assistance for Cancer Cases*

The Marie Curie Foundation assisted in providing extra nourishment and comforts in seven cases during the year.

*Isobel Morcom Medal and Prize*

This award was made to Miss U. M. Watson, Q.N., S.R.N., S.C.M., who had been district nurse/midwife in the Tenbury area for 30 years.

*Nurses' Houses*

During the year the Health Committee purchased a semi-detached house and two purpose built flats were completed.

Full details are given in the following table of all accommodation at present being provided in the County for members of the nursing staff.



## Nursing Services—Staff Accommodation

Premises	Location			Type of Accommodation												
	Urban	Rural	Total	Houses				Bungalows				Bedrooms		Flats District Room facilities	Garage available	
				Bedrooms			District Room facilities	Garage available	Bedrooms		District Room facilities	Garage available				
				1	2	3			1	2			1			2
<i>County Council owned :</i>																
1. Purpose built ..	43	27	70	—	23	40	63	—	1	1	1	4	2	4	6	
2. Purchased ..	11	10	21	—	2	12	13	—	1	1	1	4	2	6	6	
<i>Rented from :</i>																
1. District Councils	4	4	8	—	—	4	4	4	—	—	—	1	3	—	1	
2. Nursing Associations etc.	6	4	10	—	2	3	5	5	—	—	—	3	2	5	5	
TOTALS ..	64	45	109	—	27	59	84	85	—	2	2	12	9	15	18	

### *Training*

Following the cessation of district training for state registered nurses by the Queen's Institute in June 1968, it was decided to continue the existing pattern of co-operation with Worcester City and Gloucester in the training of district nurses.

A joint scheme was, therefore, presented and approved by the Department of Health and Social Security, comprising Worcester City and County and Gloucester City and County and known as "The Severn Valley District Nurse Training Scheme."

The new arrangement continues the previous practice whereby theoretical training is given in Worcester and Gloucester County Boroughs and practical training by the nominating authorities. One course was held during the year and was attended with successful results by a member of the county nursing staff.

Six student district nurses attending the Severn Valley Training Course visited the county for a day's rural experience.

In addition 30 student nurses and 37 pupil nurses from local hospitals have visited the county for an insight into district nursing.

Four nurses attended post-graduate courses and one nurse was selected for a practical work instructors course with a view to assisting in the practical training of students.

Under the Birmingham Regional Board's scheme for post registration nurse training, study sessions have been arranged at various hospitals and invitations have been extended to local county nursing staff.

Nineteen nurses have at various times been able to participate in these sessions and have appreciated the content of the study and the opportunity to associate with their hospital colleagues.

### *Care of bedridden patients*

Ten north pads have been in constant use for bedridden patients during the year. They are capable of being laundered and re-issued and have proved of value in the prevention of bed sores. An additional supply is being ordered.

### *Annual County Refresher Course*

There were three consecutive afternoon meetings at the Swan Theatre, Worcester. These were well attended, the subjects discussed being "Genetic Counselling," "Some Aspects of Biochemical Abnormalities with Mental Retardation, Principally Phenylketonuria," "Advances in Obstetrics," "Psychosomatic Medicine," "Urinary Infections in Children," "Some Living and Learning Problems of Young Handicapped Children."

### *Registrations of Nursing Homes under Public Health Act, 1936 as amended by the Nursing Homes Act, 1963*

There were 12 registered nursing homes giving a total of 171 beds.

### *Welfare Foods*

The distribution of welfare foods to expectant and nursing mothers and children under the age of five years continued from 137 centres.

In comparison with the figures for 1967 the sale of national dried milk, vitamin tablets and orange juice decreased by 28%, 4% and 12% respectively. The sales in respect of cod liver oil were increased by 7%.

PART VII

VACCINATION  
AND  
IMMUNISATION

SECTION 26

NATIONAL HEALTH SERVICE ACT, 1946  
(EPIDEMIOLOGY INCLUDED)



## Vaccination and Immunisation

Following the issue of revised recommended schedules of vaccinations and immunisations by the Ministry of Health, discussions were held with medical officers on the staff of the Department, and also with Medical Officers of Health of some neighbouring Authorities, in order to establish a standard programme for use in Clinics in the area. Agreement was reached in broad outline and a revised timetable, within the limits agreed, has been printed for introduction in the County in the early part of 1969. This timetable is in accordance with the recommendations issued by the Ministry of Health, in August, 1968, to Medical Officers of Health and General Practitioners. (A copy of the revised timetable is enclosed with this Report).

The main changes are as follows :—

Primary immunisation against Diphtheria, Whooping Cough, Tetanus and Poliomyelitis starts at 6 months instead of at 3 months and the intervals between injections are increased.

Measles vaccination introduced at about 13 months, followed by smallpox vaccination at about 14 months.

The reinforcing doses of Triple and Poliomyelitis Vaccine at 18 months, and those of Diphtheria and Tetanus at 8—9 years are no longer given.

Reinforcing doses of Tetanus and Poliomyelitis vaccine are introduced at about 14 years and smallpox re-vaccination a month, or so, later.

### Vaccination against Measles

A campaign offering measles vaccination to children aged four to seven years and certain others 'at risk,' was started in April. Letters, leaflets and consent forms were distributed to parents of these children with the co-operation of teachers, of local education authority and private schools, the Children's Officer, Health Visitors and Nurses, and organisers of play groups and nurseries. General Practitioners were advised of the arrangements as parents were given the choice of having their children vaccinated at school or by their family doctor.

Later in the year when vaccine became more plentiful the scheme was extended to cover all children between one and seven years of age.

The following table shows the number of children who received an injection of live attenuated measles vaccine during the year :—

Children born in the year	1968	1967	1966	1965	1961-64	1952-60	Total
Primary Injection .. ..	29	766	780	839	3424	117	5955

During the year 2360 notifications were received (2162 up to 30th June, 1968) compared with 3942 in 1967 and 3038 in 1966.

### Smallpox Vaccination

The numbers of children under 16 years of age who were vaccinated, or revaccinated, against smallpox during the year are shown in the following table :—

Age at date of Vaccination	0—3 months	3—6 months	6—9 months	9—12 months	1 year	2—4 years	5—15 years	Total
Number Vaccinated ..	38	51	57	221	4154	649	272	5442
Number re Vaccinated .. ..	—	—	—	—	—	29	252	281

Of the 5442 primary vaccinations, 1871 were given at County Council Clinics.

There were no cases of smallpox notified in the County during the year and no cases of generalised vaccinia were reported.

### Diphtheria Immunisation

The following tables shows the number of children under 16 years of age who received a primary course or reinforcing doses of diphtheria vaccine either singly or in combination, during the year :—

Children born in the year .. ..	1968	1967	1966	1965	1961-64	1952-60	Total
Completed Primary Courses .. ..	2657	3374	206	47	287	89	6660
Reinforcing Doses .. ..	—	1268	2844	385	5984	1420	11901

There were no cases of diphtheria notified.

*Whooping Cough Immunisation*

The number of children who have been given a primary course of whooping cough vaccine, usually in combination with other vaccines, is shown in the following table :—

Children born in the year	1968	1967	1966	1965	1961-64	1952-60	Total
Completed Primary Course .. ..	2534	3154	183	39	80	22	6012

There were 165 cases of whooping cough notified during the year.

*Tetanus Immunisation*

The following table shows the number of children who received protection against tetanus during the year :—

Child born in the year	1968	1967	1966	1965	1961-64	1952-60	Total
Primary Course ..	2657	3376	208	49	306	327	6923
Reinforcing Dose ..		1269	2852	397	5987	1965	12470

*Poliomyelitis Vaccination*

Protection against poliomyelitis is given with sabin oral poliomyelitis vaccine, but there is only an occasional request for salk vaccine.

The following number of children under 16 years of age who received protection against poliomyelitis during the year is shown in the table below :—

Children born in the year	1968	1967	1966	1965	1961-64	1952-60	Total
Primary Course ..	2557	3427	223	69	300	130	6706
Reinforcing Dose ..	—	1151	2457	334	4476	749	9167

There was one notification of poliomyelitis during the year.

*Long Stay Immigrants*

165 notifications were received from Medical Officers of Ports and Airports of Immigrants giving destination addresses in the County. Contact was established with 114 of these to advise them on the local health services and ensure their registration with local doctors.

*Vaccination against Anthrax*

There has been little demand for Anthrax vaccine during the year and no cases of anthrax in humans have been notified.

*Vaccination against Influenza*

In October protection was made available to the County Council's Headquarters staff with vaccine containing strains of influenza virus previously encountered. Later in the year a small supply of vaccine containing the Hong Kong strain was received and this was given to persons at special risk on the staff of the Department.



Diphtheria Immunisation—Return for Year Ended 31st December, 1968

DISTRICT	Completed Primary Courses						Reinforcing Doses						
	Year of Birth						Year of Birth						
	1968	1967	1966	1965	1961 1964	1952 1960	Total	1967	1966	1965	1961 1964	1952 1960	Total
Bewdley Borough	40	69	4	—	11	2	126	21	49	8	122	12	212
Droitwich Borough	71	80	10	6	17	1	185	34	53	7	188	28	280
Evesham Borough	51	111	13	1	4	2	182	51	89	10	155	22	327
Halesowen Borough	286	371	23	3	14	—	697	126	339	41	730	117	1353
Kidderminster Borough	305	369	11	9	89	8	791	104	278	42	638	37	1099
Stourbridge Borough	423	424	13	3	10	—	873	193	367	57	716	64	1397
Bromsgrove Urban	265	374	27	2	35	4	707	148	291	38	630	105	1212
Malvern Urban	179	196	18	6	13	1	413	72	161	27	393	175	828
Redditch Urban	285	252	31	4	20	3	595	147	290	18	476	22	953
Stourport Urban	64	125	3	2	18	6	218	25	109	12	311	10	467
Bromsgrove Rural	191	292	8	—	8	7	506	104	246	33	458	125	966
Droitwich Rural	89	141	9	3	10	42	294	37	88	17	212	127	481
Evesham Rural	92	130	12	1	4	9	248	64	117	16	222	174	593
Kidderminster Rural	40	83	3	3	13	2	144	20	45	10	155	9	239
Martley Rural	64	78	7	2	6	2	159	39	98	9	210	131	487
Pershore Rural	117	150	1	2	5	—	275	59	161	27	195	151	593
Tenbury Rural	31	52	—	—	4	—	87	2	8	2	73	10	95
Upton-on-Severn Rural	64	77	13	—	6	—	159	22	55	11	130	101	319
TOTALS	2657	3374	206	47	287	89	6660	1268	2844	385	5984	1420	11901



Smallpox Vaccination—Return for Year Ended 31st December, 1968

District	Number of Children Vaccinated							Number of Children Re-Vaccinated				
	0—3 months	3—6 months	6—9 months	9—12 months	1 year	2—4 years	5—15 years	Total	1 year	2—4 years	5—15 years	Total
Bewdley Borough ..	—	—	—	8	83	24	8	123	—	—	15	15
Droitwich Borough ..	3	8	3	1	105	11	7	138	—	—	—	—
Evesham Borough ..	—	1	—	1	130	7	7	146	—	—	—	—
Halesowen Borough ..	—	—	3	25	501	76	29	634	—	4	1	1
Kidderminster ..	—	1	1	22	395	68	22	509	—	3	20	24
Stourbridge Borough ..	5	6	6	24	592	65	30	728	—	2	3	6
Bromsgrove Urban ..	1	4	16	27	444	56	18	566	—	7	18	20
Malvern Urban ..	15	4	1	16	216	38	5	295	—	—	86	93
Redditch Urban ..	2	5	4	2	277	118	72	480	—	2	21	21
Stourport Urban ..	—	—	—	9	233	15	6	263	—	2	6	8
Bromsgrove Rural ..	—	5	—	—	398	59	22	484	—	2	26	28
Droitwich Urban ..	7	6	3	4	144	28	17	209	—	—	11	11
Evesham Rural ..	—	2	—	1	176	21	8	208	—	1	6	7
Kidderminster Rural ..	—	—	—	1	66	13	3	83	—	1	2	3
Martley ..	—	—	—	11	119	25	13	168	—	2	15	17
Pershore Rural ..	—	1	16	44	133	15	—	209	—	2	11	13
Tenbury Rural ..	2	6	2	11	22	2	1	46	—	2	5	7
Upton-on-Severn Rural ..	3	2	2	14	120	8	4	153	—	1	6	7
TOTALS ..	38	51	57	221	4154	649	272	5442	—	29	252	281

Tetanus Immunisation—Return for Year Ended 31st December, 1968

DISTRICT	Completed Primary Courses						Reinforcing Doses						
	Year of Birth						Year of Birth						
	1968	1967	1966	1965	1961 1964	1952 1960	Total	1967	1966	1965	1961 1964	1952 1960	Total
Bewdley Borough ..	40	69	4	—	11	2	126	21	49	8	124	14	216
Droitwich Borough ..	71	80	9	6	16	1	183	34	53	6	153	31	277
Evesham Borough ..	51	111	13	1	4	4	184	51	89	10	155	23	328
Halesowen Borough ..	286	371	23	4	16	32	732	126	339	41	729	123	1358
Kidderminster Borough ..	305	369	11	9	89	10	793	105	281	42	644	53	1125
Stourbridge Borough ..	423	423	13	3	11	—	873	193	367	56	721	95	1432
Bromsgrove Urban ..	265	375	27	2	35	15	719	147	291	39	617	136	1230
Malvern Urban ..	179	196	18	6	13	56	468	73	163	30	402	337	1005
Redditch Urban ..	285	253	33	4	28	90	693	147	290	20	447	38	942
Stourport Urban ..	64	125	4	2	20	9	224	25	110	13	319	31	498
Bromsgrove Rural ..	191	293	8	1	9	43	545	104	246	35	463	156	1004
Droitwich Rural ..	89	140	9	3	11	42	294	36	88	17	213	135	489
Evesham Rural ..	92	130	10	1	5	4	242	65	117	18	223	207	630
Kidderminster Rural ..	40	83	3	3	13	3	145	20	45	12	158	16	251
Martley Rural ..	64	79	9	2	9	15	178	39	99	9	218	224	589
Pershore Rural ..	117	150	1	2	5	—	275	59	162	28	197	178	624
Tenbury Rural ..	31	52	—	—	5	1	89	2	8	2	72	16	100
Upton-on-Severn Rural ..	64	77	13	—	6	—	159	22	55	11	132	152	372
TOTALS ..	2657	3376	208	49	306	327	6923	1269	2852	397	5987	1965	12470

*Measles Vaccination*

*Returns for year ended 31st December, 1968*

DISTRICT	COMPLETED PRIMARY COURSES						
	YEAR OF BIRTH						Total
	1968	1967	1966	1965	1961– 1964	1952– 1960	
Bewdley Borough .. ..	—	22	15	13	30	1	81
Droitwich Borough .. ..	—	12	17	24	97	—	150
Evesham Borough .. ..	—	10	16	19	66	3	144
Halesowen Borough .. ..	—	37	56	72	303	4	472
Kidderminster Borough ..	14	119	72	52	219	7	483
Stourbridge Borough .. ..	8	80	87	56	211	6	448
Bromsgrove Urban .. ..	—	113	152	140	435	17	857
Malvern Urban .. ..	—	53	61	79	243	17	453
Redditch Urban .. ..	—	118	42	84	436	—	680
Stourport Urban .. ..	2	24	31	21	148	1	227
Bromsgrove Rural .. ..	—	63	74	101	324	16	578
Droitwich Urban .. ..	—	21	29	27	103	3	183
Evesham Urban .. ..	2	18	30	33	187	3	273
Kidderminster Rural .. ..	2	21	13	19	78	8	141
Martley Rural .. ..	—	10	12	15	187	7	231
Pershore Rural .. ..	1	21	42	46	178	6	294
Tenbury Rural .. ..	—	6	9	8	34	1	58
Upton on Severn Rural ..	—	18	22	30	145	17	232
TOTALS .. ..	29	766	780	839	3424	117	5955



*Whooping Cough Immunisation*  
Returns for year ended 31st December, 1968

DISTRICT	COMPLETED PRIMARY COURSES						
	YEAR OF BIRTH						
	1968	1967	1966	1965	1961–1964	1952–1960	Total
Bewdley Borough .. ..	40	67	4	—	1	—	112
Droitwich Borough .. ..	70	78	9	7	13	1	178
Evesham Borough .. ..	51	97	13	1	2	—	164
Halesowen Borough .. ..	246	326	18	1	5	—	596
Kidderminster Borough .. ..	286	340	11	7	2	—	646
Stourbridge Borough .. ..	416	396	12	3	5	—	832
Bromsgrove Urban .. ..	244	336	25	1	4	—	610
Malvern Urban .. ..	178	191	19	3	9	1	401
Redditch Urban .. ..	275	242	24	4	16	3	564
Stourport Urban .. ..	64	122	3	2	2	—	193
Bromsgrove Rural .. ..	179	277	8	—	2	2	468
Droitwich Rural .. ..	86	135	9	3	7	6	246
Evesham Rural .. ..	88	125	8	1	2	9	233
Kidderminster Rural .. ..	38	73	2	2	5	—	120
Martley Rural .. ..	63	77	5	2	1	—	148
Pershore Rural .. ..	115	144	1	2	3	—	265
Tenbury Rural .. ..	31	52	—	—	—	—	83
Upton on Severn Rural ..	64	76	12	—	1	—	153
TOTALS .. ..	2534	3154	183	39	80	22	6012

*B.C.G. Vaccination*

The results of the 1968 programme and corresponding figures for previous years are given in the following table :—

	1968	1967	1966	1965	1964
No. of invitations issued .. ..	5959	6270	6441	6808	6611
No. of Consents received.. ..	5477 (91.9%)	5715 (91.1%)	5811 (90.2%)	6174 (90.7%)	6001 (90.8%)
No. of persons tested..	5056	5315	5338	5739	5534
No. of positive reactors	509 (10.6%)	610 (11.9%)	589 (11.8%)	572 (10.6%)	(608 11.6%)
No. of negative reactors given B.C.G. .. ..	4273	4480	4407	4837	4633

Unlike the previous years, the figures for 1968 exclude those persons known to have received B.C.G. vaccination already.

County District	Infective Jaundice	Scarlet Fever	Whooping Cough	Measles (excluding rubella)	Acute Poliomyelitis		Tuber- culosis		Diphtheria including membranous croup	Smallpox	Meningococcal Infection	Acute Encephalitis		Dysentery	Ophthalmia neonatorum	Puerperal pyrexia	Acute pneumonia (primary or influenzal)	Para-typhoid Fever	Typhoid Fever	Food Poisoning	Erysipelas	Anthrax	T O T A L
					Paralytic	Non-paralytic	Respiratory	Other				Infective	Post-infectious										
URBAN																							
Bewdley Borough ..	—	1	3	120	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	125
Bromsgrove ..	8	7	29	175	—	—	9	1	—	—	—	—	—	—	—	—	5	—	—	3	—	—	237
Droitwich Borough ..	—	—	2	10	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	14
Evesham Borough ..	2	1	—	144	—	—	3	—	—	—	—	—	—	26	—	1	—	—	3	4	—	—	153
Halesowen Borough ..	5	17	35	239	—	—	3	2	—	—	1	—	—	—	—	—	—	—	—	—	—	—	335
Kidderminster Borough ..	2	5	1	520	1	—	6	2	—	—	—	1	—	11	—	—	—	—	—	—	1	—	538
Malvern ..	2	3	1	122	—	—	5	1	—	—	—	—	—	18	—	—	—	—	—	—	—	—	146
Redditch ..	16	9	45	76	—	—	5	—	—	—	1	—	—	3	—	—	2	—	—	2	—	—	174
Stourbridge Borough ..	2	3	2	496	—	—	10	3	—	—	—	—	—	—	—	3	2	—	—	3	—	—	527
Stourport-on-Severn ..	1	4	5	58	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	69
Total Urban Districts ..	38	50	123	1960	1	—	42	10	—	—	2	1	—	58	—	4	11	—	16	2	—	—	2318
RURAL																							
Bromsgrove ..	2	1	14	93	—	—	—	—	—	—	—	—	—	1	—	—	7	—	—	2	2	—	122
Droitwich ..	4	2	1	23	—	—	1	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	33
Evesham ..	1	—	—	99	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	102
Kidderminster ..	8	2	1	164	—	—	—	1	—	—	—	—	—	1	—	—	1	—	—	—	—	—	180
Martley ..	1	1	20	36	—	—	2	—	—	—	—	—	—	—	—	—	3	—	—	2	—	—	65
Pershore ..	—	1	—	104	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	108
Tenbury ..	—	—	4	73	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	78
Upton upon Severn ..	5	—	2	78	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	86
Total Rural Districts ..	21	7	42	670	—	—	10	1	—	—	1	—	—	3	—	—	12	—	3	4	—	—	774
Administrative County ..	59	57	165	2630	1	—	52	11	—	—	3	1	—	61	—	4	23	—	19	6	—	—	3092
Administrative County 1967 ..		144	187	3942	—	—	67	5	—	—	1	—	—	21	1	18	33	4	1	11	5	—	4440

*Venereal Diseases — Statistical Table*

The following information has been supplied by the hospitals at which the patients attended :—

Treatment Centre				Number of new Worcestershire cases in year			
				Syphilis	Gon.	Other conditions	Total
Worcester	..	..	..	4	46	172	222
Birmingham	..	..	..	1	39	184	224
Dudley	..	..	..	—	15	87	102
Totals 1968				5	100	443	548
	1967	..		5	81	368	454
	1966	..		9	90	364	463
	1965	..		23	102	374	499
	1964	..		9	94	391	494
	1963	..		10	64	311	385
	1962	..		12	44	284	340
	1961	..		14	64	283	361
	1960	..		11	57	196	264
	1959	..		13	27	250	290
	1958	..		18	37	165	220
	1957	..		17	34	190	241
	1956	..		16	33	230	279
	1955	..		16	31	191	238
	1954	..		34	29	247	310
	1953	..		46	61	285	392
	1952	..		53	78	271	402
	1951	..		54	44	259	357
	1950	..		42	52	279	373
	1949	..		68	98	311	477



## PART VIII

### AMBULANCE SERVICE

#### SECTION 27

#### NATIONAL HEALTH SERVICE ACT, 1946

### *Ambulance Service*

An active year has again been experienced by the ambulance service.

Taking the service as a whole, some 157,562 patients were conveyed by ambulance, hospital and hire cars, against 163,322 patients during 1967, a decrease of 5,760. The road miles covered were 1,214,869 as against 1,194,860 during 1967, an increase of 20,009.

The main reason for the decrease in patients was due to the severely sub-normal children no longer being conveyed by ambulance. Hired transport now conveys all these children.

#### *Ambulance Use :*

Under section 27 of the National Health Service Act the number of persons carried during the year was 126,132 as against 116,037 during 1967, an increase of 10,095.

The total number of miles covered by ambulance during the twelve months was 818,350 as against 755,929 during 1967, an increase of 62,421 miles. The average number of miles per patient carried by ambulance was 6.4 as compared with 6.2 in 1967.

The average number of miles per patient will tend to increase in the coming years due mainly to :—

- (a) The centralisation of hospital specialist services
- (b) Early discharges from short term hospitalisation
- (c) The reduction of railway facilities
- (d) The initial movement of casualties in the Evesham area to Worcester Royal Infirmary, coupled with their follow-up treatment

#### *Hospital and Hire Car Services :*

In the case of the hospital car service 29,719 patients were carried as against 30,901 during 1967, a decrease of 1,182 and the road miles covered were 376,719 as against 354,286 during 1967, an increase of 22,433.

In the case of hire cars, 1,711 patients were carried as against 7,018 during 1967, a decrease of 5,307 and the road miles covered were 19,800 as against 61,093 during 1967, a reduction of 41,293.

Both the hospital and hire car services have again proved to be a most useful auxiliary to the various ambulance services and we are grateful to the drivers who have assisted in maintaining an efficient service. The number of car drivers remains fairly constant.

#### *Worcester City and District Voluntary Ambulance Service :*

This station is operated by the Worcester City and District Voluntary Committee on behalf of both the City and County Local Health Authorities and the County Ambulance Officer, who is also the Ambulance Officer for the Voluntary Committee, reports that during the year 2,867 County cases were conveyed covering a total of 41,748 miles, compared with 5,968 cases and 51,114 miles in 1967. This reduction is due to the non-conveyance of severely sub-normal children.

Close liaison and co-operation has been maintained between the Voluntary Committee and the county ambulance control to eliminate wasted mileage and journeys.

It should be remembered that a considerable number of St. John Ambulance Brigade and British Red Cross Society volunteers attend at the Worcester Ambulance Station, and to them I am grateful for all the assistance that is given.

The position regarding volunteers in the County areas remains the same as last year in that very few are undertaking duties. It has also been difficult to arrange escorts for patients travelling by rail ; in many instances we have had to call upon control staff to carry out this function on their days off and their willing co-operation is appreciated.

#### *New Ambulances :*

The Committee again decided to purchase the Wadham's conversion on the Ford 25 cwt customs van—eight were ordered.

#### *Ambulance Training :*

Two one-day courses were arranged for each member of the service, and these covered advanced first aid and an introduction to uses of new equipment.

Lectures by Dr. J. Rigby  
and Ambulance Instructors.

*First Aid :*

Lectures on this subject were given by ambulance instructors to members of the Women's Royal Voluntary Service, the Fire Service, the County Council (Highways and Bridges department staff), Hospitals and other Public bodies.

Two full certificated B.R.C.S. courses took place for the benefit of new recruits wishing to qualify.

*Courses :*

Mr. S. Ogden Deputy County Ambulance Officer, attended an Ambulance Instructors Course at the Home Office Civil Defence School, Easingwold, on the 23rd June to the 5th July 1968.

Mr. F. Ballard, Ambulance Training Officer, attended a six weeks' Department of Health and Social Security experimental Course at Stafford on the 1st January 1968 to 10th February 1968.

*Civil Defence :*

The Civil Defence Corps was disbanded and put on a care and maintenance basis on the 1st April 1968.

*Training—Wartime.* This also ceased on the 1st April, 1968 but existing full time instructors will attend periodical refresher courses at the Home Office Training School at Easingwold.

All civil defence ambulances have now been sold or returned to the appropriate Ministry Depot.

The first aid equipment has been retained on loan for major disaster purposes. It is distributed at strategic points in the County.

*Ambulance Service*

*Vehicles and Driver Attendants*

*Employed at 31st December 1968*

Ambulance Station	No. of Ambulances	Driver/Attendants	
		Whole-time	Part-time
Bromsgrove .. .. .	7	16	—
Control (H.Q.) .. .. .	3	5†‡	—
Evesham .. .. .	6	16	—
Halesowen .. .. .	6	16	—
Kidderminster .. .. .	6	16	—
Malvern .. .. .	6	16	—
Pershore* .. .. .	1	—	1
Redditch .. .. .	5	16	—
Stourbridge .. .. .	5	15	—
Tenbury* .. .. .	1	—	2
Wythall .. .. .	1	—	Agency
Hayley Green Hospital ..	1	—	1
Total .. .. .	48	116	4

\*PERSHORE AND TENBURY : During the hours between 8 a.m. and 5.30 p.m. Mondays to Friday and 8 a.m.—12.30 p.m. on Saturday, the Ambulance Service is operated on an agency basis. The part-time men taking over at nights and weekends.

†Including one relief deputy supervisor.

‡Including County Relief Driver Attendants.

Additional vehicles—One Major Disaster Equipment Vehicle.  
One Major Disaster Control Vehicle.  
Stationed at Bromsgrove and Redditch respectively.



*Ambulance Service*  
*Cases Conveyed and Mileage Covered by Ambulance, Hospital and Hire Cars*

Month	A. Ambulance				B. Hospital Cars				C. Hire Cars			
	Cases		Miles		Cases		Miles		Cases		Miles	
	1967	1968	1967	1968	1967	1968	1967	1968	1967	1968	1967	1968
January .. .. .	10863	10432	61696	71303	2899	2554	30431	29618	709	243	5927	2653
February.. .. .	10491	10609	52358	68110	3833	2430	31028	29453	874	132	6412	1972
March .. .. .	10979	10225	63658	66249	2734	2547	32154	28362	797	118	6143	1160
April .. .. .	10205	9858	65978	64106	1967	2330	23849	29066	625	133	5247	1487
May .. .. .	11483	11653	69529	72229	2253	2884	27384	35663	510	167	4247	2160
June .. .. .	11397	9606	64849	64426	2627	2131	29313	29327	643	142	6168	1584
July .. .. .	10536	10611	68508	67166	2658	2891	33132	37240	689	170	5286	1761
August .. .. .	9392	9946	62997	66167	2758	2515	32998	30575	612	173	4998	1589
September .. .. .	10775	9588	65221	63702	2395	2278	32062	29082	685	116	6805	1402
October .. .. .	9717	12043	69496	75666	2335	2577	29443	35150	452	74	4713	1040
November .. .. .	10321	11143	70561	69155	2409	2491	27697	31305	288	142	3492	1783
December .. .. .	9244	10418	64630	70071	2033	2091	24795	31878	134	101	1655	1209
TOTAL .. .. .	125403	126132	779481	818350	30901	29719	354286	376719	7018	1711	61093	19800

PART IX

PREVENTION OF ILLNESS,  
CARE AND AFTER-CARE

SECTION 28

NATIONAL HEALTH SERVICE ACT, 1946

## *Health Education*

The hope had been nurtured that by the time this report was due there would be evidence available to show that the new Health Education Council was in business. This new Council, established at the beginning of 1968, has taken over from the Central Council of Health Education the national direction of health education and its formation results from the slow implementation of the 'Cohen' Committee report of 1964. There has been no noticeable acceleration of activity since its formation apart from the appointment of a Director-General. It is reasonable to assume that the Council needs a long cool look at the present situation before formulating policies : it may be that the economic situation is restricting what Government seems to regard as a low priority exercise. What I should welcome is a little more information from the Health Education Council, a suggestion that we in the field can perhaps contribute something of value.

To health educate is (1) to inform, (2) to modify attitudes and (3) to change unhealthy behaviour. The first is said to be relatively simple, the second and third progressively more difficult, bedevilled as each is by complex socio-psychological factors. Cigarette smoking is an example well illustrating these difficulties, and it is commonly assumed that everyone now knows of the dangers of cigarette smoking and that all effort must be concentrated on behavioural aspects.

In this County, however, we are still mainly concerned with the first stage, that of providing information, for two reasons. We find that, in spite of the volume of publicity—television, newspapers, magazines etc.—dealing with our example of cigarette smoking, there remain many misconceptions and misunderstandings which can only be cleared up by discussion. This has become evident in many of the topics with which we deal.

A second reason is that surveys and research are demanding in personnel and time, and the increasing number of requests for talks obviously reduces the opportunities for these studies.

A good proportion of the increase has been centred on two particular topics. The growth of play groups has resulted in those concerned—leaders—parents wanting to know more about growth and development of young children. In schools, colleges and young people's clubs, the subject of venereal disease has been frequently discussed, and the circular from the Chief Medical Officer of the Department of Health and Social Security received at the end of the year, will, it is hoped, result in even greater co-operation with education authorities.

In brief, the year has shown an increasing unsolicited demand for our services, as lecturers, speakers, discussion leaders. This, with the preparatory work involved, and with the continuous routine health education, has allowed little time for exhibitions, specific campaigns and studies in greater depth. Perhaps we should make time by refusing these requests, but this, I think would be ill advised public relations.

### *Staff :*

Miss L. Cartwright, Health Visitor, has been devoting half of her time to Health Education and will, from mid 1969 become attached full time to the Health Education Section.

### *Activities*

The routine health education in schools, clinics and amongst voluntary groups has continued in the pattern reported on in previous years. Brief mention is made only of special topics.

### *Exhibitions :*

For the second successive year, a display was mounted at the Three Counties Show at Malvern in June. Part of the site was devoted to Dental Health Education and the mobile trailer of the General Dental Council was hired. The medical theme was Cancer Prevention, and in co-operation with the Cancer Information Association and the Central Council for Health Education, an informative and attractive exhibition was constructed.

### *Smoking and Health*

This continues to be the most regular health topic in schools. Whilst we still do most of the talks, Head Teachers are more frequently borrowing all the material for a few days and conducting a campaign throughout their schools. Exhibitions have been displayed in a few schools for a week at a time.

### *Drugs*

The tendency has been to include this topic with smoking and alcoholism under the general title of 'Addiction.' In this way, the sensationalism created by the mass media is toned down.

### *Home Safety*

The Road and Home Safety Committee of Bromsgrove R.D.C. arranged with a number of voluntary associations within the district a series of talks and demonstrations. Ten associations responded. We are only too pleased to co-operate with district councils in campaigns such as these.

### *Special Courses :*

The Children's Department sought assistance for some of their in-service training courses. Sex education and mental and physical development of children under five were topics discussed at these courses, and a short Health Education programme was arranged by Miss Mee at Lower Wick Reception Centre.



Bromsgrove College of Further Education holds full time courses for Medical Secretaries and Nursery Nurses in which we participated.

Instruction in Health Education techniques was given to midwives training at Bromsgrove General Hospital and within this Department, a similar short course was held at Kidderminster for our own midwives. We assisted the Home Help Organiser in training programmes for Home Helps, held at Stourbridge and Bromsgrove.

The regular weekly Health Education Course at Brockhill Remand Home ceased in June when the Home was closed. An eight session course at a Mother and Baby Home was completed.

The weekly sessions at Stourminster Special School were replanned with the Headmaster to allow for a comprehensive health course covering the pupils' final two years. At Rhydd Court School, a short course on first aid was given to both pupils and staff. Intensive half day first aid courses were also commenced for the staff of the Junior Training Centres in co-operation with the Mental Health Section, and by mid 1969 all such staff will have received this instruction.

Health Education Staff and a number of Health Visitors throughout the County continued to be in demand for the various Red Cross, St. John's and Duke of Edinburgh Award Scheme programmes in schools and colleges and voluntary organisations.

#### *Chiropody Service*

The number of treatments given under the directly provided County Service has increased from 2,121 in 1960 (nine months) to 17,788 in 1968. The total number of cases referred since the start of the scheme is 6,791.

During 1968 the Service was being given at 15 clinics or hired premises throughout the County and in private surgeries in five areas.

The number of new cases referred during the year was 1,133 of which for one reason or another 75 did not accept an appointment : there were 170 cases on the waiting list at the end of the year.

Of the 17,788 treatments given during the year, 9,403 were at clinics, 5,307 at home and 3,078 at chiropodists' own surgeries. The number of treatments in 1967 was 15,812.

The number of persons who received treatment was 3,913 of whom 80.06% were female and 19.94% male. The largest number of patients, as in 1967, comes within the age group 70—80. Transport was provided in 474 cases (12.11%) and home visits were made in 1,188 cases (30.36%). In 673 cases (17.19%) treatment was given without charge. One expectant mother was treated during the year ; the number of handicapped persons under pensionable age was 151 (3.85%) but of the persons over pensionable age 910 were known to be also handicapped. Treatment is ordinarily restricted to one every eight weeks but on the recommendation of the chiropodist treatment at more frequent intervals was given in 278 cases while in 419 cases treatment at intervals of longer than eight weeks was thought by the chiropodist to be all that was necessary.

The voluntary organisations to which grants are made—The British Red Cross Society and the W.R.V.S.—together provide a service giving about 1,000 treatments per annum.

#### *Report by*

Mr. H. D. Price, M.Ch.S., S.R.Ch., Chief Chiropodist

The number of treatments given in 1968, under the County's chiropody service was 17,788 and in spite of the shortage of chiropodists within the County, this was an 8% increase on the treatment given the preceding year.

The priority groups served, generally require continuity of treatment but it is gratifying to know that the service ensures mobility for a great number of elderly and handicapped people and means that many do not become socially isolated because of inability to get about.

It is a paradox that all too often diagnosis is restricted to treatment of a condition after it has advanced so far as to have permanently damaged tissues so that cure is not possible and repetitive treatment is necessary.

This does not minimize the importance of the treatment but it is paramount, even from an economic point of view, that emphasis should be placed more on chiropody as a preventive service and education and treatment be commenced before chronicity develops. A school foot health service is therefore important even if initially it is only on a small scale.

Recent technological advances have, however, been of great importance in improving the quality of treatment. The use of expanded polyethylene and silicone rubbers in the manufacture of appliances have meant more permanent results, particularly in the management of feet which have been permanently damaged by disease or senescence.

It is hoped to develop this aspect of the service still further as it is felt that this is a more permanent and economic form of treatment.

I would like to express my thanks to Mr. Carter, Chief Clerk, for his help and guidance and to the clerical staff and also to the Health Visitors for their co-operation and help in the running of the chiropody service.

Convalescence

During the year a total of 286 cases supported by a medical certificate were referred for periods of convalescence. Of this number, 201 were eligible under the scheme and proceeded on convalescence to various homes, the average stay for each being two weeks. The remaining 85 cases were fully investigated. The financial circumstances of some were such that the County Council could not accept responsibility, but it was possible in many instances to make arrangements with a number of Societies who have convalescent schemes for a holiday. The other cases were either withdrawn, or were found to be unsuitable for this kind of convalescence.

Convalescent homes used during 1968

Name of Home	Males	Females	Total
Elm Lodge, Weston-super-Mare .. .. .	6	8	14
Heatherbrae, Worcester .. .. .	4	17	21
Inglenook, Weston-super-Mare .. .. .	37	98	135
Penrhoss, Redditch .. .. .	—	4	4
Mrs. Hanbury, Malvern .. .. .	—	1	1
Royal Court, Burnham-on-Sea .. .. .	1	1	2
Little Court, Burnham-on-Sea .. .. .	—	1	1
The Rest, Porthcawl .. .. .	4	3	7
The Bowling Green, Bromsgrove .. .. .	—	2	2
Heath House, Deganwy .. .. .	—	10	10
The Laurels, Bromsberrow .. .. .	—	1	1
British Legion, Weston-super-Mare .. .. .	1	1	2
Dorothy Terry Home, Redditch .. .. .	—	1	1
	53	148	201



*Medical Comforts*

The distribution of medical loan equipment throughout the County has been successfully maintained by the voluntary efforts of the British Red Cross Society and the St. John Ambulance Brigade. The work performed by these organisations is very much appreciated.

Distribution of specialist loan equipment is undertaken by a section of the Health Department and to illustrate the work, shown below are details of the equipment issued on loan to patients in the County at the present time.

Hoists	..	..	..	20	Lifting Poles	..	..	..	..	51
Beds (various types)			..	28	Commodes (various)			..	..	106
Walking Frames		..	..	225	Walking Aids (various)			..	..	122
Seataids	..	..	..	53	Raised Toilet Seats	..		..	..	26
Bed Aids	..	..	..	49	Elbow Crutches		..	..	..	40
Wheelchairs	..		..	46						

This is a service which is increasing rapidly and a considerable amount of new equipment has again been purchased throughout the year.

The following disposable equipment was also issued during the year :

Incontinence Pads	..	..	..	..	..	75,000
„	Pants	..	..	..	..	845
„	„	(Inter liners)	..	..	..	41,140
North bed pads	..	..	..	..	..	10

*Adaptations to homes to install Artificial Kidney Machines*

In accordance with Ministry of Health Circular 2/68, dated 4th January, 1968, the County Council have approved arrangements to provide assistance in the adaptation of homes necessary to install artificial kidney machines for use in the treatment of chronic renal failure. In appropriate cases part of the cost may be recovered from the patient.

The hospital authority will provide and maintain the intermittent haemodialysis equipment and will provide the relevant medical services. They will also pay for the extra cost of electricity and for the installation and rental of a telephone where this is necessary.

A patient being treated in this way needs a room with a space for a single bed and the dialysis equipment and a sink with a good supply of water : the walls and ceiling of the room must be made crack-free and washable. Special storage space for one month's supply of sterile dressings and of containers of concentrated fluids is needed and the premises may also need special electrical wiring, plumbing to a sink and waterproof floor-covering. In some cases it may be necessary to build an extension.

It usually takes from 4—6 weeks to train a patient to use home dialysis equipment and it is very desirable that patients should be able to transfer to home dialysis as soon as they are ready so that hospitals can plan their intake of new patients. Hospital authorities have been asked to give local health authorities the maximum possible notice, and in any case not less than four weeks, of the intention to treat a patient in his own home.

By the end of the year two cases had been referred, both from the East Birmingham Hospital. What happens in practice is that as soon as possible after notice has been received from the hospital, my deputy, Dr. Willins, arranges a meeting on site when he and a representative of the County Architect discuss and agree with the hospital's Group Senior Medical Physics Technician what is required. The work necessary is then put in hand by the County Architect and finally another meeting is arranged with the hospital officer to see that the adaptations are satisfactory and also for a trial run of the equipment. In the meantime an enquiry has been made into the patient's financial circumstances so that it may be decided whether or not he should be asked to make a contribution towards the cost of the adaptations.

In the one case the adaptations cost £190 and in the other £148.



### *Occupational Therapy*

This has been a year of more work being done on assessment, training, and providing aids to assist in daily living. The emphasis has been on the rehabilitation of people to lead lives of independence as far as possible and doing their own everyday job. This had led to a greater turnover of patients. There has been more co-operation with Occupational Therapy Departments in hospitals in the area but there are complications with work being duplicated by others in the County.

Miss Young attended the Third International Seminar of the British Council for Rehabilitation for the Disabled in Brighton at the end of June. She found it interesting and especially found the fine exhibition very useful.

During the year there have been 2,100 visits to 207 patients.

*Tuberculosis*

*Table 1*

*Tuberculosis Rates/1,000 Population*

Years	Notifications	Deaths
1920—24	1.52	0.92
1925—29	1.44	0.80
1930—34	1.46	0.78
1935—39	1.23	0.63
1940—44	0.96	0.55
1945—49	0.85	0.48
1950—54	0.87	0.23
1955—59	0.58	0.10
1960—64	0.31	0.05
1965	0.23	0.02
1966	0.15	0.03
1967	0.16	0.05
1968	0.14	0.04

*Table II*

*Notification and Death Rates in Districts 1968*

Population	District	Notification rate per 1,000 population	Death Rate per 1,000 population	Total Cases notified	Total Deaths
6,350	Bewdley Borough .. ..	—	—	0	0
39,000	Bromsgrove Urban .. ..	.26	.03	10	1
9,670	Droitwich Borough .. ..	.10	—	1	0
13,150	Evesham Borough .. ..	.23	—	3	0
51,180	Halesowen Borough .. ..	.10	.08	5	4
46,180	Kidderminster Borough .. ..	.17	.09	8	4
29,530	Malvern Urban .. ..	.27	.03	6	1
37,080	Redditch Urban .. ..	.13	—	5	0
51,970	Stourbridge Borough .. ..	.25	.02	13	1
15,260	Stourport-on-Severn Urban ..	.07	—	1	0
37,220	Bromsgrove Rural .. ..	—	—	0	0
15,680	Droitwich Rural .. ..	.06	.06	1	1
18,890	Evesham Rural .. ..	.11	—	2	0
12,640	Kidderminster Rural .. ..	.24	.16	3	2
13,330	Martley Rural .. ..	.15	.08	2	1
21,200	Pershore Rural .. ..	.09	.05	2	1
5,380	Tenbury Rural .. ..	—	—	0	0
15,130	Upton-on-Severn Rural .. ..	.06	—	1	0
438,840	Whole County .. ..	.14	.04	63	16





PART X

HOME HELP SERVICE

SECTION 29

NATIONAL HEALTH SERVICE ACT, 1946

### *Home Help Service*

(Section 29—National Health Service Act, 1946)

Applications for service during the year were 1,448, of which 1,044 were assisted, 66 were bookings for help to commence after 31st December, 1968 and the remaining 338 cancelled their application before help was provided. A total of 1,916 cases were brought forward from the previous year, making an overall total of 2,960 cases assisted during 1968.

These were divided into categories as follows :—

2,385—Aged 65 years or more
162—Maternity
183—Chronic Sick (Includes T.B.)
13—Mentally Disordered
217—Others

---

2,960

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At 31st December, 1968, there were 445 home helps employed, six of which worked full time and the remaining 439 worked an average of 20 hours per week. One male home help continues to be employed to undertake special cases, many of which are unsuitable for a female home help.

A total of 11,038 visits were made by the organisers and assistants of which 1,636 were to applicants for help, 7,409 were follow up visits to patients receiving help and the remaining 1,993 were to the homes of home helps. In the rural areas particularly, visits to the home helps are essential to maintaining good staff relationships.

Two short courses of in-service training for home helps were held at Bromsgrove and Stourbridge respectively. Both succeeded in assisting them to understand their position within the County and make them aware of their value in the care of the community.

There are now 12 home helps riding County Council owned autocycles and several using their own cars. Without such forms of transport it would be difficult to maintain the service in many of the rural areas. Recruitment of suitable staff continues to be a problem in some parts of the County but every effort is made to ensure that the service is given where it is most needed.

A three day course for home help organisers was held at Bath which was attended by one area organiser and the week-end school held at Roehampton was attended by the County Organiser with one area organiser. All three found their visits to be most instructive and useful to their work.

Miss E. Williams, assistant area organiser, was successful in passing the final part of the examination held by the Institute of Home Help Organisers. She is the first member of the staff to enter for this particular examination and is to be congratulated on her success.

## PART XI

### MENTAL HEALTH SERVICE



## *Mental Health Service*

### *1. Administration*

#### *(a) Committee*

The County Council's powers in relation to mental health remain delegated to the Mental Health Sub-Committee. The Medical Superintendents of the hospitals for the mentally disordered in Worcestershire continue to attend the meetings of the Sub-Committee in an advisory capacity. Mr. A. E. Johnson continued to act as Chairman of the Sub-Committee during 1968.

#### *(b) Co-ordination with the Regional Hospital Board*

There is close co-operation between the Council's officers and the Birmingham Regional Hospital Board and its officers. Patients on leave from hospital are visited and supervised by the Council's officers on behalf of the various Hospital Management Committees. There is close contact between the officers and the medical and social work staff of the local psychiatric hospitals and regular weekly meetings are held at the hospitals at which officers attend. The Council's officers take an increasingly larger share in the social work necessary consequent on the discharge of patients from hospitals.

Consultant staff from Lea and Lea Castle Hospitals continue to hold a clinic one morning per month in the Council's Clinic in Castle Street, Worcester, to see subnormal adults and children and their parents by appointment. The Clinic has continued monthly since November 1964 and has proved to be both successful and very helpful.

### *2. Staff*

#### *(a) General*

The staff of the service consists of a lay administrative mental health officer, one administrative assistant, five senior district mental welfare officers, nine district mental welfare officers and two trainee mental welfare officers. A post of female district mental welfare officer has proved difficult to fill and has been advertised several times unsuccessfully. The two trainee mental welfare officers are away on course. There are thirty-nine teachers employed in the training centres together with an Organiser. The Elms Hostel at Kidderminster has twenty-seven junior severely subnormal residents and the staff consists of one superintendent, one matron, one assistant matron, six general assistants and two trainee general assistants.

#### *(b) Training*

Staff are released from duty to attend at appropriate training courses and conferences whenever possible. Two trainee mental welfare officers are at present on course. Two mental welfare officers completed during the year, their training as psychiatric social workers. In 1969 one senior district mental welfare officer and one district mental welfare officer will be going on courses.

The medical superintendents of the psychiatric hospitals in the County continue to help with the training of mental welfare officers. The regular weekly meetings and clinical demonstrations at the hospitals continue and the Council's staff have the benefit of attending when appropriate training courses are held for the hospital staff. This system of training is very satisfactory and I should like to express my grateful thanks to the medical superintendents and their staffs. So far as training centre staff are concerned, the Council encourages all trainees to apply for appropriate diploma courses and continue to send away staff each year. In 1968 two members of training centre staff successfully completed two year courses and two members successfully completed one year courses. In addition, there is one member of staff in attendance at a two year course and one supervisor and one assistant supervisor in attendance at one year courses. During 1969 three members of staff will commence on one year courses. Short courses of instruction in first aid are given for all members of training centre staff by the Health Education staff.

### *3. Community Work*

The emphasis now is on work within the community and officers found this work greatly expanded. Details are given under the various headings.

### *4. Care of the Mentally Ill*

#### *(a) Admissions*

In 1968 there were 1,199 admissions to psychiatric hospitals in the County, 1,021 of these were admitted as informal patients and 178 were detained for observation and treatment under the appropriate section of the Mental Health Act 1959. Discharges totalled 1,075 whilst 129 deaths occurred at the hospitals.

The number of admissions is greater than the preceding year (1,052), informal admissions comprising approximately 85% of all admissions.

#### *(b) Care and After-Care*

After-care in connection with mental illness is carried out by all the mental welfare officers. The volume of the work has continued and the social aspect of the officers' work now far overshadows their statutory duty. The officers aim to provide a continuity of service by association with the patients before admission to hospital, during treatment and after discharge. An indication of the volume of work is given in the following table :—

<i>Referrals</i>	1968
All Sources .. .. .	1,870
<i>Client-interviews</i>	
After-care of mentally ill .. .. .	8,683

Since 1959, when integration of the mental welfare officers and social work staff of the hospitals was first mooted, great strides have been made in providing a continuity of service for those who are mentally ill. This is kept constantly under review so as to achieve greater efficiency and a greater benefit to the patient.

### 5. Care of the Severely Subnormal

#### (a) Community and Hospital Care

Severely subnormal patients continue to be reported through the usual methods of notification. Fifty-four new cases were reported during 1968, thirty-four of these were reported under the provision of the Education Act, 1944, and twenty from other sources. Of the fifty-four cases, two were admitted to hospital and the remainder were placed under supervision. In addition, eight patients on the waiting list were admitted to hospital, making a total for the year of ten admissions.

555 Worcestershire patients were in hospital throughout the country at the end of the year. On the waiting list for admission at the end of the year were forty patients of whom three were regarded as urgent. Nine patients were discharged from hospital and twelve deaths took place during the year.

Applications for admission for temporary periods were again received and thirty-five patients were received into hospital so that parents and relatives could have a holiday or a respite from caring for the patients. Dr. Simon has again been most helpful in providing accommodation at Lea and Lea Castle Hospitals for the majority of the applicants, quite often at very short notice. A hostel has been established at Lea Castle Hospital for those patients who are in daily employment outside the Hospital and who are considered capable of such care. At the end of the year there were six patients at this hostel. Six patients were provided with short term care at The Elms Hostel.

Permanent admissions to hospitals of severely subnormal patients are, for the most part, carried out informally.

#### (b) Guardianship and Supervision

There was one patient under guardianship at the end of the year. Guardianship cases are visited by both medical and lay staff as required. The number of severely subnormal persons under supervision at the end of the year was 742. Patients continue to be reviewed and whenever the circumstances permit are deleted from the supervision lists. During 1968, twelve such cases were deleted from the list whilst six patients died. The mental welfare officers, both male and female, and the health visitors, continued to visit the severely subnormal in the community (supervision, guardianship and leave of absence). The male officers supervise the male severely subnormal, the female officers supervise the females over the age of five years and the health visitors supervise all severely subnormal under the age of five years. 2,983 visits were made to families with severely subnormal members.

#### (c) Voluntary Associations

The various voluntary welfare committees continue to work with the appropriate training centre in their locality. An annual grant is made to the Halesowen Society for Mentally Handicapped Children to help with their work carried out at Halas House, Halesowen.

#### (d) Training and Training Centres

At the end of 1968 360 severely subnormal patients were receiving training. Nineteen Worcester City cases continued to attend at the Worcester Junior Training Centre, twenty-four Warley cases at Netherend Training Centre and one child from Worcester City and one from Herefordshire attended for part of the year at Kidderminster Junior Training Centre when resident at The Elms Hostel.

Children at all the Training Centres have been given outings to Pantomimes by their respective voluntary welfare committees whilst services and Christmas parties were also held at the Centres.

The Special Care Units established at Lea Hospital and Lea Castle Hospital accept daily those children who are either too young or too untrained to be coped with at one of the Authority's Training Centres. At the end of the year there were twenty-four children attending daily, mainly from the Redditch and Bromsgrove area, transport being provided by the Authority by means of hired vehicles or, in a few cases, by an allowance being made for petrol expenses incurred by parents taking their children to the Units.

Daily transport to all Training Centres is provided by contract arrangements with local firms.

A variety of contract outwork is being undertaken at the Redditch and Kidderminster Adult Training Centres and also by the Adult patients at Netherend Training Centre.



The conversion of the former clinic premises at Tenterfields into a Junior Training Centre was completed towards the end of the year and the transfer of the junior patients from Netherend Training Centre took place in January 1969 after the Christmas Holidays. At the same time the adult patients remained at Netherend and this Centre now functions as an Adult Training Centre. This means that there is now full training centre provision available in the County.

The Prime Minister announced on 26th November 1968 that the Government had decided to accept in principle that responsibility for the education of mentally handicapped children in England and Wales should be transferred from the Health to the Education Service. The date of transfer had not yet been fixed and the training courses provided by the Training Council for Teachers of the Mentally Handicapped would continue for the present. The Prime Minister stated that conditions of service and salaries of staff would not be adversely affected by the change.

(e) *The Elms Hostel*

There were twenty-seven children in residence at the end of the year. One child from Worcester City and one from Herefordshire (both former Worcestershire residents) were resident for part of the year. All children attend the Kidderminster Junior Training Centre and children are admitted as the need arises. The Hostel, Adult Training Centre and Junior Training Centre were officially opened on 30th April 1968 by the Lord Lieutenant of the County. The children resident at the Hostel have been accepted by the community and the hostel has received many generous gifts of equipment etc. The Variety Club of Great Britain presented a Sunshine Coach (mini 'bus) to give the children the opportunity of having outings, picnics, etc. away from the Hostel.



PART XII

ENVIRONMENTAL HEALTH

Environmental Health Services

by

R. Colenso, M.R.S.H., M.I.P.H.E., F.A.P.H.I.

County Public Health Inspector

Milk and Dairies Administration

Although the epidemic of foot and mouth disease began to die out in Worcestershire towards the end of 1967 it was not considered sufficiently safe to return to the routine sampling of milk on farms until March 1968 ; though some samples were taken on the road from producer-retailers and at receiving dairies before then. This had the effect of reducing the number of samples taken for (1) biological examination and (2) the presence of antibiotics.

Most of the farm visits to collect samples are made before the milk collecting vehicle calls at the farms. In the winter time this means visits are often made in the dark. The lengthening of hours of morning darkness by the extension of Standard Summer Time must have the effect of reducing the number of farms which could be visited. Early in the year, the task of sampling from every dairy farm, including those which had been recently registered, was completed. This had been the first time that this had been done. It is now hoped that the work will be repeated and every farm sampled again in 1969.

The number of dairy farms continued to fall. By December, 1968 there were 785. In the last five years there has been a drop of one third in their numbers. It is probable that the number of cows has remained constant, as the herds are increasing in size. The statistics in the table below show the position at the 31st December and is supplied by the National Agricultural Advisory Service for Worcestershire.

County—Worcestershire

Dairy Farming Statistics

Cows	10 and under	11– 20	21– 30	31– 40	41– 50	51– 60	61– 70	71– 80	81– 90	91– 100	101– 110	111– 120	121– 150	151 and over	Total	%
Total	91	134	134	133	68	42	42	18	9	4	3	1	2	1	785	
%	11.3	23.3	23.3	17.6	9.0	5.3	5.3	2.2	1.1	0.5	0.3	0.1	0.2	0.1		100

Only 17 samples of milk from producer-retailers failed to pass the methylene blue test (keeping quality). The Ministry of Agriculture, Fisheries and Food was informed in each case.

The last pasteurising plant in the County Council's food and drug administered part of the County, closed in 1968. There are no milk receiving dairies operating now in this area. Unless one or more opens in the future no further routine reports on the condition of washed bottles and milk churns will be given.

A further 53 pre-packed milk licences were issued during 1968, of these 15 were for Ultra Heat Treated milk, which is controlled by the Milk (Special Designation) Regulations 1965. But for the restraint of the higher cost, for this latter type of milk, it would be probable that the sales of this milk would increase quickly.

Pasteurised Milk (Samples)

Place of Collection	No. Taken	Phosphatase Test		Methylene Blue Test		
		Pass	Fail	Pass	Fail	Void
Schools .. .. .	217	217	—	195	6	16
Children's Homes ..	18	18	—	17	—	1
Old People's Homes ..	13	13	—	12	—	1
Training Centres ..	4	4	—	3	—	1
Hospitals .. .. .	16	16	—	14	—	2
Vending Machines, Shops, and Roundsmen ..	486	486	—	486	—	—
Totals .. .. .	754	754	—	727	6	21

Sterilised Milk

There were 47 samples of sterilised milk collected—all passed the turbidity test.

Ultra Heat Treated Milk

Four samples were taken, all passed the appropriate tests.

Milk-in-Schools Scheme

There was a decline in the number of children taking school milk due to a decision by the Government that children of secondary school age should be excluded. The Milk Marketing Board, realising that this would have a deleterious effect on their total milk sales, tried to interest milk suppliers and farmers in retailing milk to these children through school tuck shops or vending machines. To date only one or two schools are known to have given permission for vending machines to be installed on their premises. Providing the milk is pasteurised no objection can be offered to the proposals but head teachers have been asked to inform the County Health Department before entering into an arrangement with a milk supplier. It was of interest to learn that at one school the quantity of milk (flavoured) was said to exceed that previously provided free under the milk-in-schools scheme.

Milk vending machines at schools are also providing hot beverages and orange drinks. It is obviously important that the hygienic condition and quality of these beverages should be kept under inspection. The nutritional aspect of these beverages or foods is also important.

Milk-in-Schools Scheme

Since September, the number of schools supplied with pasteurised milk are as follows :—

L.E.A.	PRIVATE
245	39

Milk-in-Schools Statistics

	Sept 1967 Children taking milk	% taking milk	Sept. 1968 children taking milk	% taking milk
Primary Schools .. .. .	31,734	91.13	32,889	89.71
Secondary Schools .. .. .	12,301	53.36	—	—*
Day Special Schools .. .. .	165	90.16	217	89.67
Nursery Schools .. .. .	34	100	34	100
Total throughout County (above) ..	44,234	76.15	33,140	89.72*
Non Maintained Schools .. ..	6,405	92.15	2,812	96.04
* As from September, 1968 children at secondary schools were not eligible for milk under the scheme.				

Myco Tuberculosis

The routine examination of milk samples for this purpose was continued to a reduced scale. All the 401 samples which were examined were negative. The Ministry of Agriculture examined 59,667 animals in the County in 1968. Of these animals there were 12 reactors, only two of which had lesions.

Rickettsia (Q Fever)

Upton	Pershore	Martley	Kidder- minster	Bromsgrove	Tenbury	Evesham	Malvern	Stourport	Droitwich
Total Positive 3	1	0	0	8	1	0	0	0	4
Total examined 7	4	7	1	19	7	1	4	2	14
% Pos. 43	25	0	0	43	14	0	0	0	28

Total examined in County 66  
,, positive ,, ,, 17



*Brucella Abortus*

During 1968, 761 samples of milk were examined for brucellosis. The following table shows the position for each of the past eight years :—

<i>Year</i>	<i>No. of samples examined</i>	<i>No. negative</i>	<i>No. positive</i>	<i>Tests Void</i>
1961	313	306	7(2.2 %)	—
1962	169	168	1(0.59 %)	—
1963	380	363	17(4.5 %)	—
1964	448	424	11(2.5 %)	13
1965	517	470	27(5.22 %)	20
1966	563	534	25(4.47 %)	4
1967	799	762	34(4.25 %)	3
1968	761 (397 farms)	724	37(4.99 %)	—

An investigation is always offered to each farmer when a positive sample is reported. This work entails taking a milk sample from each cow and is done only on the understanding that any animals found to be infected will be sent for slaughter. As an alternative course the farmer is advised to take action in conjunction with his veterinary surgeon. In most cases the second course is followed. Two herds were investigated, both belonged to producer-retailers of milk. It is obviously undesirable for a farmer to sell to another farmer an animal known to be a reactor for brucellosis. Unfortunately it is not illegal to do so.

The Ministry brucella abortus accredited herd scheme made some slight progress during 1968. At the end of December there were 68 (55 dairy, 13 beef) herds participating in the scheme ; of this number 23 (19 dairy and 4 beef) were accredited. Thus only 2.4% of the total number of dairy herds in the County were fully in the scheme. The scheme has obviously not yet gathered much momentum.

*Antibiotics in Milk*

There were 475 samples of milk which were examined for the presence of antibiotics. Only three samples were found to exceed the recognised limit of contamination *i.e.* 0.05 Int U/ml. In each case the farmer received a warning.

It has been the practise in this County not to take statutory action against the farmers whose milk is found to be contaminated but rather to secure the co-operation of the farmers generally. Inquiries into their practises were made with adjoining five county councils in 1968. Two councils institute statutory proceedings in serious cases. It appeared from the inquiry that the results of the informal action taken in the county compared very favourably with those in other counties.

*Milk Bottles*

Cleanliness of milk bottles used in all dairies where licences had been issued.

Total	Sterile	No. of colonies developing on Agar at 37°C. in two days.					Baccilus Coli present
		Less than 100	100—600	600—2000	Over 2000		
33	—	18	9	2	4		—

*Churn Rinses*

Eighteen churn rinses were taken during 1968. All were satisfactory.

*Fresh Cream*

The Ministry of Agriculture, Fisheries and Food, took no action to institute legal standards which had been urged by the County Councils Association, on the bacteriological quality of cream. The Ministry seems to be hoping for an improvement, arising out of the recent “ Code of Hygienic Practice for Cream.”

The initial Worcestershire survey of 1964/65 into the bacteriological quality of cream in the County had been followed by surveys in Gloucestershire, Cornwall, and elsewhere. Similar results to the original survey were reported. The County Council is now co-operating in a national survey, which had been organised by the Public Health Laboratory Service. This started towards the end of 1968. The first reports indicated that the basic problem of post-pasteurisation contamination still remained.

*Water Supplies and Sewerage*

Schemes submitted to the County Public Health Sub-Committee during 1968 :—

Observations have been given in support of the following schemes :—

<i>Sewerage Schemes</i>	<i>Nature of Scheme</i>	<i>Estimated Cost</i>
<i>District</i>		<i>£</i>
Bromsgrove R.D.	Hagley and Clent Sewerage	26,000
Droitwich R.D.	Cutnall Green Sewerage	57,400
Evesham R.D.	Ridgeway Sewerage Scheme	125,000
Martley R.D.	Little Witley (Well Lane) Sewerage	6,600
	Alfrick (Clay Green) Sewerage	7,000
	Broadheath Sewerage and Sewage Disposal (previously considered by Committee in 1966)	179,000
Pershore R.D.	Tyddesley Wood Sewage Disposal	98,000
		<hr/> 426,000 <hr/>
<i>Water Supply Schemes</i>		
Upton R.D. and Malvern U.D.C.	Augmentation of supply (Coventry) Water Scheme received consideration but application later withdrawn	76,000
		<hr/> 76,000 <hr/>
		<hr/> 502,000 <hr/>

*Local Inquiries (Ministry of Housing and Local Government)*

Evesham B.C.	Extension to town treatment works/new sewers.
Evesham R.D.	North Cotswold and Evesham R.D. Joint Sewerage Scheme (Honeybourne)
Martley R.D.	Little Witley (Well Lane) Sewerage
	Broadheath Sewerage and Sewage Disposal Scheme.
Upton-on-Severn R.D.	Ripple, Uckinghall, Naunton Sewerage.

*Schemes Completed Under the Acts*

Bromsgrove R.D.	Extension of water main to Birchacre, Alvechurch.
	Extension of water main to Forhill area.
	Sewerage Scheme for the village of Fairfield.
Droitwich R.D.	Fernhill Heath Sewerage and Sewage Disposal.
Tenbury R.D.	Bockleton Water Scheme.
Upton-on-Severn R.D.	Earls Croome and Baughton Sewerage (Part).

The original Rural Water Supplies and Sewerage Act was passed by Parliament in July 1944. It speaks well for the Government of those difficult war years that it should concern itself with such mundane matters then.

Modern local government grew out of the need to remove the cause of the repetitive epidemics of asiatic cholera which devastated the towns in the middle decades of the 19th century. Sewers and mains water which were provided then have removed the scourge from the country. It might be said that, in the middle decades of the 20th century, the public health services which had done so much for the towns, were extended to the countryside under the above Act.



Under the above and subsequent Acts a whole network of water mains have now been laid throughout the rural parts of the county. Except for minor extensions of water mains here and there, to serve a few scattered houses, no further work is now required.

The provision of mains water had, in many cases, accentuated the need for a sewerage system. This is so, in practically all schemes coming to the County Council under the Acts. All rural towns and the larger villages throughout the County are now provided with main sewerage to proper treatment works. In some areas, further housing and other development has proceeded beyond that which was envisaged when the post war schemes were carried out and extensions to the sewage treatment works' plants have become necessary to produce satisfactory effluents. Sewage treatment works as such were excluded a few years ago from the benefits of the above Act but a County Council grant may, in certain cases be available to all county district councils under the Local Government Act 1958.

During 1968 the country's financial difficulty seems to have delayed starting dates for schemes already approved in principle. It also appears to have tended to slow up the submission of fresh outstanding schemes. It will be well into the seventies before all sewerage schemes are completed under the Rural Water Supplies and Sewerage Acts.

Since 1944, including 1968/69, the County Council has given the following total of financial aid to the county district councils.

Rural Water Supplies and Sewerage Acts :—						£
Water Schemes ..	..	..	..	..	..	416,104
Sewerage Schemes ..	..	..	..	..	..	329,087
						<hr/> 745,191 <hr/>
Local Government Act, 1958 (Sec. 56)						
Special Contributions ..	..	..	..	..	..	192,127
						<hr/> 937,318 <hr/>

#### *Pasveer Ditch*

Research into the operation of the above system of sewage treatment, which the County Council initiated in 1966, continued during 1968. Whilst the system continued to give satisfaction and is being reproduced at the new Ladywood works by Droitwich Borough Council, there were shown to be certain problems working against the production of a satisfactory effluent. Research into these is being continued.

#### *Fluoridation*

During 1968, 100 samples of water were taken by the County Council from areas in Worcestershire which received a water supply from Birmingham City. These samples, from Elan and Trimpley sources, were taken and analysed to ascertain the proportion of added fluoride ion. The samples, which were in addition to those taken by Birmingham City and other authorities, were all found to have not more than the permitted proportion of fluoride ion.

The first fluoridation station, directly sponsored by the County Council, came into operation on July 1st at Sugarbrook. This station was amongst the first of its size in the country where the water was being fluoridated and the East Worcestershire Water Works Company is to be congratulated on tackling and solving, with the assistance of the manufacturers and others, the engineering problems which arose.

Particular interest was directed into the behaviour of an automatic fluoride monitor. This monitor-analyser was, at the time, the first of its type in use. Early on in the fluoridation programme the monitor proved itself a very dependable piece of equipment ; one which provided another safe-guard against any possibility that the fluoride strength should rise above the predetermined level. Of the 843 samples which were examined in the laboratory of the County Analyst, none exceeded the limit, as laid down by the Ministry of Health. It is hoped that one or more additional water stations will commence fluoridation during 1969.

#### *South Worcestershire Water Board*

The 'appointed day' for the formation of this Board was October 1st, 1968 and the Board engaged certain staff so that it would be in a position to take over its water supply responsibilities from Worcester City, Malvern U.D.C., Pershore R.D.C. and Upton R.D.C. on April 1st, 1969.

#### *Gypsies*

The problem of camping site accommodation for gypsies and other travellers made little progress. During the year the County Planning Committee took over responsibility from the County Health Committee for finding and financing sites. Towards the end of the year arrangements were being made for a fourth census to be taken of the number of gypsies. This was to be carried out in 1969, with the co-operation of the County Police and district council public health inspectors.

#### *Atmospheric Pollution*

Research into the degree of atmospheric pollution which had been initiated by the Warren Springs Laboratory in 1965, continued at Upton-on-Severn during 1968. The work had been financed by the County Council. It is hoped that sufficient material and information had been obtained for this research to stop in 1969.



Construction of New Houses during 1st Nine Months, 1968

The following table shows the number of new houses built or under construction in each area of the County.

District	Estimated population mid-1968	Dwellings under construction at end of period				Dwellings Completed				Total completed since 1st April, 1945	Houses in clearance area and unfit houses elsewhere		
		Local authorities	Other public sector	Private sector	Public and private	Local authorities	Other public sector	Private sector	Public and private		Included in orders confirmed	Demolished or closed 1.10.68 to 30.6.69	
												In Clearance Areas	Elsewhere
<i>Boroughs</i>													
Bewdley ..	6,350	—	—	101	101	4	2	38	44	1,046	—	—	—
Droitwich ..	9,670	371	—	83	454	150	—	11	161	1,798	8	—	8
Evesham ..	13,150	43	—	67	110	61	—	43	104	1,694	—	—	18
Halesowen ..	51,180	535	—	502	1,037	—	—	420	420	7,007	66	64	21
Kidderminster ..	46,180	196	—	305	501	242	—	590	590	6,818	25	18	9
Stourbridge ..	51,970	261	—	234	495	58	—	319	377	7,695	82	36	54
<i>Urban Districts</i>													
Bromsgrove ..	39,000	282	—	164	446	—	—	187	187	5,630	—	—	17
Malvern ..	29,530	90	32	193	315	15	8	172	195	3,804	—	—	7
Redditch ..	37,080	78	—	79	157	16	—	32	48	5,318	51	39	2
Stourport-on-Severn ..	15,260	—	—	356	356	8	—	274	282	3,100	—	—	4
<i>Rural Districts</i>													
Bromsgrove ..	37,220	56	12	133	201	15	1	128	144	5,980	—	—	13
Droitwich ..	15,680	44	4	95	143	24	—	92	116	1,631	—	—	—
Evesham ..	18,890	29	—	95	124	22	1	118	141	2,381	—	—	—
Kidderminster ..	12,640	13	—	48	61	12	—	14	26	1,590	—	—	6
Martley ..	13,330	—	—	95	95	5	—	100	105	1,533	—	—	13
Pershore ..	21,200	76	—	211	287	22	—	158	180	2,810	—	—	25
Tenbury ..	5,380	3	—	21	24	60	—	26	86	459	—	—	—
Upton-on-Severn ..	15,130	10	—	74	84	73	—	126	199	1,772	—	—	12
Redditch New Town ..	—	870	—	—	870	72	—	—	72	72	—	—	—



## PART XIII

### SCHOOL HEALTH SERVICES



### *Clinic Building Programme*

The purpose built health clinic at Catshill was completed early in the year. The premises will soon have been in use for one year and the services provided are already being appreciated by the local community judging by the high attendance at each clinic session.

At Bewdley a start has been made on the purpose built health clinic which will have a physical link-up with the general practitioners practice premises which are immediately adjoining. This will be a most satisfactory arrangement since the buildings will operate in a like manner to a health centre. It is anticipated that this clinic will be completed by 1st October, 1969.

The new all-purpose clinic at Stourbridge is now being erected and should be completed in the late autumn of 1969. This project is long overdue and it means that Stourbridge will for the first time have a clinic with all modern amenities and working conditions for the staff.

The Education Committee are strongly supporting an all-purpose clinic at Kidderminster and this is another instance where modern facilities and conditions are most urgent. The scheme as previously mentioned has been approved in principle by the Department of Education and Science and at the time of writing sketch plans are being considered. Building could commence about September, 1969 which would give a completion date around March, 1971. Some hold-up of this scheme could occur should any of the general practitioners in Kidderminster express interest in working from a health centre. Such a development could mean some delay by a change in design for conversion to a health centre.

### *School Hygiene*

by

Mr. R. Colenso, M.R.S.H., M.I.P.H.E., M.A.P.H.I.,  
County Public Health Inspector.

Sixteen new schools, (11 primary, 1 middle, 1 day special and 1 secondary) were completed during 1968. Extensions of 13 schools were carried out, also lighting improvements at 17 schools and sanitation improvements at 21 schools. 1968 must therefore be regarded as a highly successful year ; being even better than 1967.

In addition to the kitchens at the new schools, 11 new kitchens were opened. One central kitchen closed down. This is a result of the policy of having the food prepared at the premises in which it is to be eaten ; from the food hygiene aspect, a satisfactory practice. The high standard to hygiene generally, was reflected in the non-occurrence of any cases of food poisoning during the year. Two lectures on hygiene were given to a gathering of kitchen supervisors in 1968.

Another two learner swimming pools, making seven in all, were completed in 1968. At these pools and at others, provided by local effort at schools, it is the practice to advise on the operation of the pools, so that satisfactory standards of water control may be maintained.

The paper on the construction and maintenance of school swimming pools, which was issued by the Health Department, 1968, appears to have been well received and fills a useful role. It has been appreciated by schools planning to build a pool.

In order to provide the most economical system of drainage for new schools it is the practice to design the system so the drains are taken by the most direct route to the sewer etc. This may cause the drains to be laid beneath the whole width of a building, picking up branch drains at inspection chambers, within the school buildings.

It is the usual practice, to prevent foul air entering the building from the chamber, by providing double-seal bolted covers. At two new schools recently this precaution was either omitted or did not operate effectively, so that foul smells were noticed nearby in the school. As an added precaution in this matter perhaps consideration should be given to testing the whole drainage system with smoke, including the inspection chambers, at new schools.

### *Child Guidance Service*

by

Dr. J. J. Graham, M.B.Ch.B., D.P.M.  
Medical Director

Autistic children are, as far as their numbers go, a very small concern of the Child Guidance Service. Yet once they are referred they are a continuing responsibility and a great problem throughout their childhood, and indeed, beyond. It has been very gratifying therefore to see during the year how useful has been the scheme, which the senior educational psychologist, Mr. A. C. Smith, has organised and piloted, for the three autistic children in the Malvern area of Junior School age. The teachers and school staffs have been splendid ; and our hearts have warmed to the Education Committee for their sanctioning, in spite of financial stringencies, the necessary individual tuition.



The beginning of the year saw what was for Child Guidance staffs in the Midlands a momentous event : the opening of the Charles Burns Unit in the grounds of the Uffculme Clinic, Birmingham. For all of us here, it is not just a unit which will admit a child who is a great problem and for whom we need help : it is a training ground for children's psychiatrists and other staff and it is a meeting place for stimulation and for the dissemination of ideas. It is hoped that the new adolescent unit at Hollymoor Hospital will be open in the Spring of 1969 and that it will fulfil a similar function to that of the Charles Burns Unit.

At the time of writing (February, 1969) the situation as regards educational psychology in the County is grim : sadly Mr. R. J. Skinner who has endeared himself to us over the last 6 years has just left us to become Lecturer in Psychology at Falkirk College of Education. With Mr. Struggles seconded for a year's training, and in the absence of suitable candidates in response to advertisements, the burden of the whole County falls on Mr. A. C. Smith. In my opinion the establishment of educational psychologists is insufficient. My hopes are that with the expected easing of the financial situation the Summerfield Report will be accepted by the Minister and that this County will decide to have a more realistic establishment and will pay its senior psychologist on Soulbury Grade III.

My comments this year are valedictory. I retired officially on the 31st December, 1968. I am acting as locum tenens until the 1st May when my successor, Dr. T. K. MacLachlan comes. The present is an exciting time for a younger man to take over as director. The West Midlands has emerged from being something of a psychiatric back-water—witness the setting up of the two units I have mentioned. Even though the Seebohm Report may look a sickly child, it has been a great stirrer-up and a stimulus to constructive thinking for us as for other social services. There seems to be a “wind of change.” There is the possibility, most exciting of all, of South Worcestershire being an area for the Department of Health and Social Security pilot scheme for radical reorganisation of psychiatric services, in which the Child Guidance Service would be fully involved.

In the job of starting and directing the Child Guidance Service I must single out two pieces of good fortune I have enjoyed. Two or three months after coming to Worcestershire, nearly 20 years ago, I was joined by Mr. Ian Malcomson, principal psychiatric social worker. He has been my equal partner in whatever of worth has been achieved. The other piece of good fortune was to find here Dr. J. W. Pickup ; we had been medical students together. He has been a splendid colleague.

*Medical Inspection*

(Table 3)

The medical inspection of school children has continued as in previous years apart from a pilot scheme of selective examination which Dr. Starkie has carried out in Kidderminster. His report on this experiment was considered carefully by the medical officers of the County and it is reproduced on page 76. The medical officers came to the conclusion that there was little point in increasing their clerical work at the expense of their clinical work, that the present system had the greater merit and continuation of this would be of more benefit to the children. It may be that the time has come for medical officers to be provided with clerical help locally with decentralisation of medical records, rather than the present system of centralisation of records and clerical staff. The clinic building programme would help this development.

The total school population shows a steady increase and with the County being an area for the reception of overspill this will continue. As a result the number of bright new schools increases steadily. In general these schools are attractive and light but the open-plan central lavatories introduced into primary schools in recent years seems an undesirable phase. On the other hand it is very pleasing that the number of schools with only outside lavatories is decreasing steadily.

As the statistics show the number of children found to be in an unsatisfactory physical state are few. Unfortunately the number of children noted as being overweight are very many more. In fact 405 children were noted as being obese in varying degrees. The School Meals Staff are very helpful if a child really wants to cut down but on occasions they have noticed that when school potatoes have been restricted the child concerned has gone and filled up elsewhere !

The number of children with head infestation is falling steadily but slowly. A lot of staff time which could be better used is taken up dealing with the problem. Foot infections are a continual and growing problem, particularly verucae. Unfortunately the problem can be expected to continue to grow as the infection is disseminated further into the community.

Dr. Twomey reports on an outbreak of sonne dysentery in one of the schools in his area and the measures taken at this particular school. Infective hepatitis has been another infection that has caused concern. Dr. Thompson reports on the measures taken to control an outbreak at a primary school in his area.



### *Orthopaedic Defects*

The orthopaedic staff report as follows :—

Mrs. J. J. Johnson, S.R.N., O.N.C.

“ The Orthopaedic work has continued throughout the year with routine visits to schools and Infant Welfare clinics and Orthopaedic clinics.

Remedial classes have been held for minor foot and postural defects, where possible parents have been visited and advised of the necessity for the exercises to be done regularly at home.

The attendances at sessions at Infant Welfare centres have been very good and it is gratifying that so many young parents are seeking advice about their children's footwear and minor defects.

Children with severe congenital and other serious conditions who are under the care of an Orthopaedic Surgeon, have had constant supervision at home or school. Parents have been assisted with the many, often small, but frustrating problems that daily arise.

Footwear styles have improved, but many parents need to exercise greater care to ensure shoes are correctly fitted. Manufacturing processes have produced very long lasting materials for shoes with the result that they are often outgrown before they are out-worn.

Paediatricians appear to be referring more patients with Cerebral Palsy and Spina Bifida to Orthopaedic clinics, indeed these children and their parents receive all possible help from the many services available to them.

A total of 729 children have attended Orthopaedic clinics at Bromsgrove and Kidderminster, the Orthopaedic Consultant being Mr. J. A. James.

The work is very interesting and there is excellent co-operation between General Practitioners, Health Visitors, Head Teachers and myself.”

Mrs. M. Hunt, M.C.S.P., O.N.C.

“ My work over the past year has been concerned with the pre-schoolchildren to a much greater extent.

A considerable number of babies have required splinting for varying periods of time. The results are most satisfactory and would appear to justify the time taken.

Perhaps I might record the progress of one child in particular as an example : a male child born 13.7.68 with Arthrogryphosis multiplex congenita. He has deformities of fingers, wrists, forearms, elbows and shoulders ; hips, knees and feet. From the age of ten days both hands and feet were splinted twice weekly and passive movements were given to all joints. This treatment has been continued to date. I have varied the splintage and movements when necessary. He can now use his arms and hands quite well and his feet and legs are much improved. Treatment will, of course, be necessary over a long period of time and I hope to report on his further progress.

Most of my school work has been through referrals from the School Medical Officers and Hospital Consultants. The children are most co-operative and on the whole respond very well to suggestions for treatment.

I have continued to attend the Orthopaedic Clinics at Worcester, Redditch and Evesham, and a total of 1,539 children were seen, 395 at Redditch and 1,144 at Worcester and Evesham.

The Infant Welfare Clinics at Pershore and Evesham which I visit monthly are still well attended. In July I started visiting the Infant Welfare Clinic at Vicarage Road, Redditch, again on a monthly basis. I am most grateful to the Health Visitors in Redditch for their help and co-operation in this venture.

During the year, I have attended two week-end courses. One on the treatment of Cerebral Palsy in infancy at Lea Castle Hospital, Wolverley, and the other at the limb fitting centre at Selly Oak, Birmingham. I also attended the Annual Conference of the Midlands Spastics Association, on Saturday, May the 11th. This was very interesting and a considerable amount of the work done at the Meadway Works was on view.

New materials for splinting have been developed over the last few years, but one shown at a demonstration at Worcester Royal Infirmary did seem to have great potential. This is ‘ Plastazote,’ a thermoplastic material which is very light and durable.

Mr. W. H. Tuck, M.B.E., F.I.B.S.T., at the Royal National Orthopaedic Hospital, Stanmore, has done a great deal of work with ‘ Plastazote ’ and his lecture-demonstrations are very interesting. Some of the splints produced are collars, spinal supports, insoles, hand, elbow and knee supports and cosmetic splints for badly scarred limbs. And now, even shoes can be made from this material.



May I conclude by saying how much I appreciate the ready help and assistance which I continue to receive from Medical Officers and Health Visitors ; Hospital and School Staffs and members of the County Health Department.”

### *Audiometric Service*

(Table 15)

The routine work of this service has continued as outlined in previous reports. It is well established and appreciated by children, parents and schools. All staff partaking in the work have been sent on appropriate courses at Manchester University so that they receive the necessary basic training.

The aim is to screen all children as babies. The screening test indicates the children who do not respond to sound in a normal manner. Thus as well as picking out children with deafness it is a good developmental screening test and indicates children who require further investigation. It is hoped that in the near future neonatal testing will become a practical proposition and will provide a satisfactory basis for deciding which children require intensive follow-up.

It is becoming increasingly apparent that action in the pre-school years to stimulate children who fail to develop language normally is well worthwhile. The field staff have been asked to notify the Audiometric team of these children. Initially they are given detailed hearing tests in the home. In many cases it is apparent that there has been a fluctuating catarrhal loss during which the child has not heard at all clearly. It may be that because of these spells of deafness the child has got out of the habit of listening. It is difficult to know what is best for these children because although the condition should improve with age considerable delay in language development can occur. The speech therapists and the Audiometric team are working together on this problem of stimulating language development in the young. The work will also be applicable to children in training centres who require as much language stimulation as possible.

The work of the peripatetic teachers of the deaf was inspected informally during 1968 and a most favourable report was given to the County Education Officer. At the end of the year the Committee agreed in principle to the appointment of another teacher so that the work could be expanded. It has become increasingly obvious that children who attend special schools and their families require help in learning to communicate with each other when the children are at home for the school holidays. It is of limited benefit for a child to be able to communicate at school but not at home. Another field where help is required is in the few years after a child leaves school particularly if he tackles a course at a College of Further Education.

If adequate support can be given it should be possible for a boy or girl to have their further training while living at home and learning to mix with the community rather than requiring to stay on in the sheltered environment of school.

There are interesting developments going on continually in the field of electronics some of which are helpful to the child with impaired hearing in particular, if and when, radiomicrophones become small enough they should be extremely useful.

A recent report suggests that in some other parts of the country over 50% of hearing aids examined in a spot survey were not operating at peak efficiency. In Worcestershire all members of the team ensure that the most suitable type of hearing aid is used and that the aid is always fully serviceable. With the continual willing help and support of the Hospital Hearing Aid Department and regular supervision of the child at home and at school the children make full use of their residual hearing. This survey emphasises the necessity of a domiciliary service.

### *Health Education in Schools*

by

Mr. J. N. Pitts, M.R.S.H., M.A.P.H.I., Dip.H.Ed.(Lond.),  
Health Education Officer

Health Education course in schools have been gradually extended during the year, and it is planned that with Miss Cartwright devoting more of her time to health education, work in this sector will continue to expand. More noticeably discernible however, has been the increasing loan of our films and filmstrips directly to the Schools for use by school staff. This growing appreciation of the value of health education in the normal school curriculum is expected, for we ourselves participate in health education courses for teachers under training, at both Shenstone and Summerfield Colleges of Education. It is felt that some topics for example, certain aspects of parentcraft, and venereal disease might best be undertaken by medical or nursing staff, but in any case, every assistance is available to schools in the matters of advice and teaching materials.

The subject of most growing concern is sexually transmitted disease, and talks on this were given in secondary schools and colleges. A circular received at the end of the year from the Chief Medical Officer of the Ministry of Health and Social Security suggests close co-operation between Health and Education Authorities to ensure that senior school children have the correct facts about these diseases, particularly in view of the rising incidence in the under 20 age group. Such co-operation already exists and it is anticipated that the suggestions will be adopted.



Health Education Staff were directly engaged in seven Secondary Schools where regular weekly attendances for one or more terms enabled a wide range of health topics to be discussed. One weekly attendance in some cases meant talking up to four separate classes, in which case 120 children might be involved.

Occasional talks were given at a number of other schools usually on specific subjects such as smoking, drugs, venereal disease, emergency resuscitation, health services etc.

The weekly four period sessions at Stourminster were replanned with the Head Teacher, and a programme evolved to cover the the final two years of the pupil's school life. The course has progressed satisfactorily through the experimental period and the Head Teacher has reported his appreciation of the work of Miss Mee and Miss Cartwright who are involved in these sessions.

A short first aid course was given to pupils and staff at Rhydd Court School.

The 10 lecture health education course at Shenstone College of Education was conducted during the spring term.

*Annual Report of Mr. Charles W. D. Jones, B.D.S.*

Principal School Dental Officer

(Table 8)

The trend of diminishing staff continued on from last year until the end of the first half of this year, but in the second half the tide turned and the year ended with a staff almost to full establishment. A situation I can only hope will continue so that the schoolchildren of this County may be given the best possible dental care.

#### *Inspections*

There was a decrease of some 7% in the sessions spent on inspections, but overall there was only a 2.6% decrease in the number of children inspected due to an increase in patients inspected per session. The number of patients referred has increased and likewise the number of patients accepting treatment.

#### *Treatment*

Again this year the main effort was made on the 5—9 age group. Some 7% more treatment was given, to this important group, than last year, although the conservation of the deciduous dentition was forced, by circumstances, to be reduced.

Overall the number of patients seen per session again increased and also the quantity of work done per session. Unfortunately so did the number of cases treated as emergencies—but the increase was small and still less than half the national average.

To summarise the treatment and inspection pattern. There have been great endeavours made by the individual Dental Officers, by an increased personal effort, to maintain the standards expected in this County, but it is depressing to find, so often, that all exertions can be made to no avail by neglect, ignorance and deliberate sidestepping of the problem of dental decay—namely the increasing intake of refined carbohydrates.

So often, when a child is seated in the dental chair, the first job the surgeon has to do is to clear out a paste of biscuit debris before he can even see the teeth, and it is even more distressing to find out that these biscuits have been bought at the school “Tuck Shop.” There are many other products that could be sold—nuts, fruit, potato crisps—where the profit margin is just as good. It does seem that the profit is not enough to recompense for the damage the product creates. There is also the ludicrous situation when, at a Dental Health Education talk at a school, the point is brought up about the damage caused by eating such products in between meals then the bell rings for morning break and out troop the children to be faced by a trolley or table full of biscuits which are sold with the approval of the school.

#### *Dental Health Education*

When Miss L. L. Turner accepted the post as Dental Hygienist to the County, she re-introduced the scheme of visiting schools, prior to the dental inspection, to talk to the pupils on dental health, and prepare them for the Dental Officer's visit. This scheme has been worked before but always had to be terminated when the Hygienist resigned. Now efforts have been made to make this scheme continuous—by training one of the Dental Surgery Assistants to assist the Hygienist, so that she may continue the work in the Hygienist's absence.

A successful three days were spent at the Three Counties Show, where the use of apples as a method of tooth cleaning was demonstrated. Dental Health films were shown in both the marquee and the General Dental Council's exhibition caravan. Also one of our mobile dental surgeries was on display.

Miss R. J. H. Sammons, L.D.S. carried out a dental survey in the south west region of the County, similar to the one she carried out last year, in the north west. The figures for this year's survey have not been completed but a precis of the figures for the north west were :—



Findings on 5—7 year olds

- (1) On average, every child had nearly three teeth filled or extracted and required attention to six others.
- (2) 60 % of the children admitted to having 2 ozs. (approx.) of sweets per day, and 35 % of the parents admitted to giving more than 6d per day to spend on sweets.
- (3) Twenty-nine children displayed labial caries, and of these, seventeen children were admitted to have had “ dinkie feeders ” or comforters that had been dipped in some surgary syrup. This demonstrates the danger in this type of “ silencer.”

Staff

In February, Mr. J. Egremont, L.D.S. was promoted to Divisional Dental Officer in the Stourbridge area.

In June, Mrs. E. M. Prosser, B.D.S. and in November, Miss V. A. Wardell, L.D.S. resigned their full-time appointments but both returned to take up sessional work.

Mr. D. M. Christie, L.D.S., Mr. F. V. Frank, L.D.S., Mr. F. J. Hill, B.D.S. and Dr. E. B. Mitchell, M.B., Ch.B., B.D.S. were welcomed to the staff as full-time Dental Officers. Also appointed were Miss D. M. Jones as full-time Dental Auxiliary and Miss L. L. Turner as full-time Dental Hygienist.

Summary

	Resignations	Appointments
Full-time Dental Officers .. .. .	2	4
Part-time Dental Officers .. .. .	5	5
Full-time Dental Auxiliaries .. .. .	0	1
Full-time Dental Hygienists .. .. .	0	1

Dental Surgery Assistants are at full strength and due to the “ overlap ” caused by working with part-time Dental Officers the establishment for these persons will have to be increased before any further Dental Officers can be appointed.

Clinics

No new fixed clinics were built this year but two new mobiles were put into operation in conjunction with fixed clinics. This system is already showing a decrease in missed appointments. I hope this scheme can be expanded, where all fixed clinics have a mobile clinic attached, and even further so that there is a fixed clinic within access at all rural mobile clinics.

I would again take this opportunity to thank the Chairman and the Education Children’s Care Sub-Committee for their support and Dr. Pickup for his helpful advice. I am grateful to all the Dental Officers and staff of the Dental Section for their efforts and to all the Headmasters and Headmistresses without whose help the school dental service would find it difficult to operate.

Tuberculosis and its Prevention

(Table 9)

Notification in School Children

Dr. R. C. Cronin, Chest Physician to the Birmingham Regional Hospital Board and Senior Tuberculosis Officer to the Local Health Authority comments as follows :—

“ The number of notifications in children of school age shows a further very gratifying fall during 1968, and there was only one case of tuberculosis notified in this age group in the whole county. Table 9 shows the figures for the previous 15 years, and it will be seen that there has been a steady decline throughout the whole period.

The Table on page 38 shows the results of Heaf testing and B.C.G. vaccination of school children. The figures for the percentage of positive reactors in 1968 is more informative than in previous years, in that it excludes children known to have had B.C.G. previously. It had been felt that these children played a considerable part in maintaining the percentage of positive reactors. It will be seen, however, that their exclusion has not resulted in a dramatic fall. In fact, the figure is the same as in 1965.

There is no apparent reason why the number of cases should have fallen steadily, whilst the rate of infection, as indicated by the percentage of positive reactors, remains virtually unchanged.

Obviously the figures as a whole cannot be regarded as being completely satisfactory until this percentage is also falling steadily.”

The 509 positive reactors (Table on page 38) were graded and chest x-ray confined to those children whose reaction was graded Heaf III. or IV. The number of children in this category was only 87. It has been suggested that Heaf I. and II. reactions can be caused by other factors than tuberculosis. There were no cases of tuberculosis diagnosed among the children x-rayed.



### School Children and Road Accidents

The following table for Worcestershire has been supplied by the Chief Constable, West Mercia Constabulary :—

					<i>Fatal</i>	<i>Serious</i>	<i>Slight</i>	<i>Total</i>
1968	..	..	..	..	3	103	204	310
1967	..	..	..	..	4	64	216	284
1966	..	..	..	..	5	88	207	300
1965	..	..	..	..	5	73	228	306
1964	..	..	..	..	11	73	222	306
1963	..	..	..	..	2	95	246	343
1962	..	..	..	..	6	71	196	273
1961	..	..	..	..	5	59	177	241
1960	..	..	..	..	3	78	207	288
1959	..	..	..	..	3	62	175	240

### Milk in Schools and School Meals Service

The following details refer to a specific date in September, 1968 :—

#### Meals

<i>Dinners</i>	Free	..	..	..	3,995
	On payment	..	..	..	42,661

All schools in the County receive meals.

#### Milk

No. of children who receive $\frac{1}{3}$ pints	..	33,189
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All primary schools in the County receive milk under the Milk-in-Schools Scheme.

2,812 children in 40 independent schools also receive one-third pints daily under the Milk-in-Schools Scheme.

The following figures show the number of pupils actually in attendance on a specific day in September, 1968, but do not represent the full possible attendance roll :—

Infants (including Nursery and Special)	..	14,299
Junior (including Special)	.. ..	22,494
Secondary (including Special)	.. ..	23,542

### Handicapped Children

(Tables 10, 11, 12)

The opening at Easter of Rigby Hall School in Bromsgrove to cater for educationally subnormal children in the Bromsgrove, Redditch and Droitwich areas was very welcome. The children selected for the initial intake have settled down very happily and have improved markedly in self-confidence. Towards the end of the year selection of the first pupils for the new Vale of Evesham school took place in readiness for the opening in January, 1969. This will be a mixed day and boarding school for educationally subnormal children. Selection for both schools has been stringent. At the time of writing this report it has become apparent that with the expansion of Redditch and Droitwich, Rigby Hall School will not be able to cater for all the children in the area who require day special school provision. Therefore it is hoped that Redditch will have its own provision within the next few years.

The Committee decided some years ago to place maladjusted children who require special educational facilities in schools outside the County on an individual basis. An attempt is made to select the most suitable school for the particular child. I have to report that it is becoming increasingly difficult to make satisfactory placements (and to supervise the children when they are placed) so it may prove necessary to review this policy. Satisfactory staffing of any residential establishment is becoming increasingly difficult and the cost of any residential placement is mounting steadily (some of the fees are now approaching £1,000/year) so day provision, perhaps on a unit basis, may be worthwhile exploring.

The West Malvern Open Air School was closed in 1967. During 1968 it proved possible to make alternative arrangements with the Heathercombe Brake Trust in Devon for the placement of the type of child who had previously gone to West Malvern. The first group of children under the new scheme went down to Devon at Easter. Very satisfactory reports have been received. Tense anxious children respond well to the regular routine and relaxed atmosphere of the home and debilitated children regain their health. Asthmatic children do particularly well.



Placement of children with other handicaps has taken place when the need has arisen. During the last few years it has been possible to place partially sighted, deaf and physically handicapped children in the north of the County at day special schools on the outskirts of Birmingham. As a result the proportion of handicapped children attending day special schools instead of residential schools is increasing. This is welcome.

#### *Maintained Special Schools*

The County Education Officer has supplied the following report :—

The opening of the new day special school at Rigby Hall, Bromsgrove, in April, 1968, and of the Vale of Evesham boarding and day special school in January, 1969, completes for the time being the Education Committee's programme for the provision of schools for educationally sub-normal children in the county.

It has been the Education Committee's policy to provide special schools for all those children whose degree of sub-normality is such as to make it difficult for them to benefit from teaching in ordinary schools. The number of such children is not large, and it is found that as a rough guide a school of a hundred children is sufficient to meet the needs of an area of the order of 100,000 population. Two schools have been in existence for some years : the Halesbury school at Halesowen, and the Stourminster school at Kidderminster. The first was designed to serve the Halesowen and Oldbury areas, and the second the Kidderminster, Stourport, Bewdley and Stourbridge areas. The Rigby Hall school now serves the Bromsgrove, Redditch and Droitwich areas, and the Vale of Evesham school the Pershore and Evesham areas. The City of Worcester have also built a special school which affords places to children from Malvern and other areas close to Worcester.

There remains an even smaller minority of educationally sub-normal children for whom education in a day school is not appropriate because of particular circumstances. So far as boys are concerned, the County's needs in this direction have been met by the Rhydd Court Residential School, which has been in operation for many years. It has been found in practice that the number of educationally sub-normal girls who need to be boarded is appreciably smaller than the number of boys, and until now no provision for girls outside the day schools has been made in the county. Girls have had to be placed in schools maintained by other authorities or by voluntary bodies. Since the population of the catchment area of the Vale of Evesham school is smaller than that of the other areas of the county, it does not produce so many day pupils. The opportunity has, therefore, been taken of combining with the day school some residential accommodation for girls from the county as a whole, together with some residential places for younger boys which will relieve difficulties at Rhydd Court.

It can now be claimed, therefore, that provision for educationally sub-normal children in the county, both day and residential, is complete. The only question which remains is the extent to which this accommodation will need to be increased in years to come to match the increase in the population of the county.

The Education Committee expect that the growth of population in the northern towns will eventually be met through the provision of new special school accommodation by the Warley Authority. The completion of this school, anticipated in 1970, will release for Worcestershire's use about 50 places formerly reserved for Oldbury children at Halesbury school. This change should be accomplished by about September 1970 when the 200 places then available at Halesbury and Stourminster schools should be adequate for any foreseeable needs in the north of the county.

The growth of Redditch and Droitwich will eventually be catered for by a separate new day special school for 100 boys and girls in Redditch when that town becomes large enough to support such a school from its own population. The accommodation so released at Rigby Hall will be adequate to serve the needs of the expanded town of Droitwich.

#### *Speech Therapy*

by

Miss J. D. Jenkinson, L.C.S.T., Senior Speech Therapist

(Table 14)

Staffing is a severe problem in the speech therapy department as it remains 50% less than the established number for the County. Despite repeated advertisements it has been impossible to fill these posts.

In an effort to promote interest among potential speech therapists students have been taken from London and Birmingham to carry out their practical work in the clinics under supervision of the Senior Speech Therapist.

For most of the year there were only two speech therapists but every effort has been made to keep clinics in main centres open and treat the more urgent cases. Only one of the clinics closed in 1967 has been re-opened and there is no prospect of the service extending unless more therapists are encouraged to work for the County.



Mrs. Jotic joined the staff in November, 1968 and did a survey of the children on the waiting list to ascertain the more urgent cases. All the children on the waiting list are now being interviewed as soon as possible and the parents given advice and help.

The number of children treated over the year has increased by 50% in comparison with last year's figures and the therapists are making every effort to deal with the more urgent cases. The case load is necessarily high and as each case can only be treated for a half hour session per week the co-operation of the parents is vital.

There have been more pre-school children referred for assessment and the parents are given guidance about speech and language stimulation. Help in the early stages often prevents a more serious speech defect arising.

Various surveys would lead to the tentative conclusion that approximately one child per 100 is barely joining words at 3½—4 years, despite normal hearing, and about one per 1,000 has an even more severe delay in communication, not always associated with general retardation. Of the 1% group not using sentences at over 3½ years, many will make a sudden "spontaneous" improvement and have fairly normal language by 5 years old (although often with a speech defect), but they will include some who are still markedly behind their age group in language usage, despite probably normal or near normal non-verbal abilities. If language remains relatively behind, these children arrive at school without the basic essential for reading.

An increasing number of school visits have been given and this contact with the teachers has proved extremely valuable.

Miss Bourke undertakes the bulk of the work in E.S.N. schools. The staff of these schools have shown great understanding for her work and practise is carried out with the children during the week. We are very grateful to the staff in the special schools who supervise speech therapy practice.

The Speech Therapy Department would like to extend thanks to all colleagues for their continued co-operation over the past year, particularly to the staff of the Child Guidance Clinic and the audiometric team. Regular meetings and discussions with Dr. Clark have proved invaluable, so that the speech therapists can take their place as part of a team.

#### *Selective Examinations*

Dr. C. Starkie, Divisional School Medical Officer, Kidderminster, reports as follows :—

For a second year, Selective Examinations have been carried out at six Kidderminster Schools on the two age groups—8 and 12 years.

There were 226—8 year old children and 216—age 12 years.

##### *Twelve year old children*

Total children in group	..	..	..	..	..	216
No. selected for examination	..	..	..	..	..	75
No action required	..	..	..	..	..	49
Some action by S.M.O.	..	..	..	..	..	26

##### *Eight year old Children*

Total children in group	..	..	..	..	..	226
No. selected for examination	..	..	..	..	..	89
No action required	..	..	..	..	..	65
Some action by S.M.O.	..	..	..	..	..	24

It will be seen that in both age groups 442 questionnaires were scrutinised, and 164 children were selected to be examined, and of these 164, there were 50 which required some action by the School Medical Officer.

##### *Time taken to carry out this Selective Examination procedure*

Time taken to examine 164 Selected children at 20 per session	..	..	..	..	..	8 sessions
Time taken to scrutinise 442 questionnaires and school medical records at 2 per minute—3½ hours, or nearly 2 sessions.						
Total Medical Officer's time	..	..	..	..	..	10 sessions.

If the routine examination of the age group 11 had been carried out only, then all of the 216 children in this group would have been seen.

Time to examine 216 children at 20 per session	..	..	..	..	..	11 sessions.
This is almost the same as for the Selective Examinations.						



With the Selective Examinations there was a great deal of work required by Head Teachers in scrutinising 442 questionnaires, and there is much more complicated clerical work in sending and sorting out children, and forms to be completed by parents.

In two years trial it has been found that no more children's disabilities have been found by the Selective Examinations.

There has been no saving in the time of the School Medical Officer.

The School Medical Officer, the Head Teachers, and clerical staff have had much more clerical work to do than when routine age groups were inspected.

It would therefore, seem that in such an area as Kidderminster, where screening examinations are carried out at 5, 8, 11 and 14 years, and where close liaison exists between teaching Staffs and the School Health Service, there is no point in continuing to carry out Selective Examinations.

#### *Notes from Reports of School Medical Officers*

Dr. J. Twomey (Stourbridge and Halesowen)

##### *Outbreak of Sonne Dysentery in an Infants' School*

On Friday the 2nd February, 1968 I was notified by the head teacher of Cradley Church of England Infants' School that many children at the school were ill with diarrhoea or vomiting or both. Out of a total of 85 children at the school, 20 were absent and a further 4 children had had to be taken home during the day. The epidemic was sudden as there had been only 8 absences on February 1st.

It was not possible to trace the origin of the outbreak. Samples of the food from the school dinner of 2nd February were sent to the Public Health Laboratory, Worcester, for analysis with negative result.

Faecal specimens were taken from the affected children and sent for culture. The absence rate remained high (between 27 and 36) during the week 5th—9th February. During this week efforts were made to impress on the children the importance of hand-washing after defecation.

On February 9th the laboratory reported that many of the specimens taken were positive for *Shigella sonnei*. It was decided that for reasons of staff shortage in the Halesowen Public Health Department and fear of over-burdening the Public Health Laboratory, Worcester, it would not be reasonable to follow-up the infected children by taking repeated faecal specimens in each case. No child was precluded from school once free of symptoms. The following measures were taken :—

1. The regime described by Beer, O'Donnell and Henderson in the Monthly Bulletin of the Ministry of Health and the Public Health Laboratory Service 1966, 25, 36 was initiated on Monday, February 12th. As recommended, plastic basins were issued, two or three per class and a 1 per cent solution of benzalkonium chloride (Roccal, Bayer) was also issued with instructions to dilute 2 ozs. to a pint of water, thus the final solution was 1,000 ppm. Stocks of paper towels were placed beside the basins. All the children in the school paraded in front of the basins and each in turn held his or her hands in the disinfectant, rubbing the fingers together while the child counted up to 10 slowly and aloud. The hands were then dried in a paper towel. Washing in the disinfectant was carried out :—

(a) When the children arrived at school in the morning

(b) Before taking mid-morning milk

(c) Before dinner

(d) Before going home.

When a child visited the lavatory the hands were always washed with soap and water there and rinsed in the benzalkonium chloride on returning to the class.

2. I took every opportunity of advising on matters of hygiene *e.g.* by discussions with teachers, by speaking to a group of mothers who called to take their children home in the afternoon. In addition every child in the school was issued with a copy of the following letter to take home, signed by me.

Dear Parent,

Some children at your child's school have been found to be excreting germs which can cause a mild type of dysentery. This condition is very rarely serious but it is highly infectious. Special care should be taken to prevent infection of any small babies as they are least well able to withstand illness.

The germs come from the bowel, are passed to others by touch, either directly after using the toilet and failing to wash the hands carefully, or indirectly when food is handled without first washing the hands carefully.



Thorough hand washing is the most effective defence, especially after visiting the toilet, and before meals. Hands should be scrubbed with soap and hot water for at least 30 seconds (count from 1 to 30 slowly). Children should be encouraged in this, and should be supervised whilst washing hands. Where there are very young children, particular attention should be paid to soiled nappies and toilet utensils. The possibility of contaminating lavatory chains, taps and doorknobs before washing hands should be borne in mind and when possible one hand should be kept clean for handling these fittings. The risks of contamination by towels should also be remembered.

With common-sense precautions the infection will clear quickly. In the meantime if your child has diarrhoea, vomiting or abdominal pain keep him or her away from school and notify your own doctor.

3. All the general practitioners in the area and adjoining medical officers of health were informed of the outbreak.

4. Specimens were taken from all the adults at the school as children in this age group may need help with meals, toilet, etc. A school meals supervisor was found to be excreting *Shigella sonnei* and was put off duty until a series of negative specimens had been taken. A male teacher in the adjoining junior school was also found to be an excretor : after advice on hygiene he was allowed to continue his teaching duties but not to help with children's meals until he had submitted negative specimens.

5. Enquiries were made as to whether there were any food handlers in the households of the infected children. There was only one such case, a man who worked in a toffee factory. The Medical Officer of Health of the area in which he worked was informed and the contact submitted a faecal specimen from which no pathogenic organisms were isolated.

On Monday February 12th when the Roccal regime was started, there were only 17 absences so it appears that the epidemic was already on the wane. The attendance continued to improve, and was back to normal (8 absences) on the following Friday. The Roccal regime was continued until 8th March.

The outbreak, though troublesome and upsetting for everyone, may have served a useful purpose by impressing on all concerned, children and adults, the importance of personal hygiene.

It is interesting that there were very few children with symptoms suggestive of Sonne infection in the Cradley Church of England Junior School which adjoins and shares lavatory facilities with the Infants' School. At a nearby Secondary Modern School I was told that there were no children with gastro-intestinal symptoms.

I am grateful to Miss G. Jones, the Head Teacher of Cradley Church of England Infants' School, for her enthusiastic help during what was for her a very difficult period and for all the staff of the school for their co-operation.

Dr. D. E. Thompson (Evesham and Pershore Areas)

*Outbreak of Infective Jaundice at Bengeworth C.E. primary day school. Evesham, 1968*

During the latter part of 1967 a number of sporadic cases of infective jaundice occurred in the Borough of Evesham. As the disease was not notifiable at this time, accurate details were not available, but from enquiries locally it appeared that there had been about 10 cases.

On 15th February, 1968, the Headmaster of Bengeworth School expressed his concern at the absenteeism in one of his classes due to jaundice.

After checking at the homes of all children absent from school it was found that eight children were suffering from infective jaundice. At that time there were 246 pupils in the school and all cases came from Class 6 (aged 9—10 years). It appears that in January 1968 a girl in Class 6 developed jaundice and apparently infected six of her class-mates who were friends in close contact in the class, at meals and elsewhere. These girls all developed the disease at about the same time in February. This appeared to have established the infection in the school, and the subsequent spread of the disease in this class and to other classes and family contacts seemed to have been by close personal contact, compatible with a respiratory route of transmission.

Information was sent to all local medical practitioners drawing attention to the outbreak and requesting them to keep us informed of any new cases occurring. [The disease did not become officially notifiable until after the outbreak in June 1968]. Additional information about cases was obtained by visits to the homes of school absentees. The excellent co-operation we received from the local doctors and the school staff enabled us to follow the course of the outbreak.

The weekly incidence of cases was as follows :—

<i>Week Commencing</i>	Jan. 17	Jan. 24	Jan. 31	Feb. 7	Feb. 14
<i>No. of Cases</i>	1	0	0	5	2
<i>Week Commencing</i>	Feb. 21	Feb. 28	March 6	March 13	March 20
<i>No. of Cases</i>	5	2	2	4	6
<i>Week Commencing</i>	March 27	April 3	April 10	April 17	
<i>No. of Cases</i>	5	1	3	2	

The total number of cases was 38 (21 boys and 17 girls).



### *Gamma Globulin*

On 26th March the incidence of the disease was increasing. The County Medical Officer and Principal School Medical Officer, Dr. J. W. Pickup, who had been kept informed of the course of the outbreak, after consultation with the Public Health Laboratory Service at Colindale and the Ministry of Health, obtained the necessary authority to use gamma globulin in an effort to break the chain of infection.

The necessary administrative arrangements were made and as soon as the supply of gamma globulin had been received from London it was made available to the following groups of contacts, and given by injection on 5th April, a few days prior to the end of term on 10.4.68 :—

1. All children in the school who had not had the infection.
2. The parents, brothers and sisters and others living at homes where cases had recently occurred.
3. The teachers and other staff of the school.

The response to the offer of gamma globulin was very good. Of the staff and children at risk 94% received protection. The injections appeared to cause minimal discomfort and there were no side effects. A total of 263 contacts were given gamma globulin.

There were 5 cases of infective jaundice subsequent to the administration of the gamma globulin. Of these, 3 were brothers or sisters of previous cases, the fourth was a close friend of a case. In all these cases the protection was presumably given too late to be effective. The fifth case had not received gamma globulin. After the week commencing 17th April there were no further cases at the school or in Evesham Borough throughout the remainder of the year.

### *Other Cases in Evesham*

During the outbreak at Bengeworth School ten other cases occurred elsewhere in Evesham Borough—3 adults and 7 children. Two of the adults and two of the children were close relatives of cases at Bengeworth School, and all but one of the remainder had been in contact socially with Bengeworth children at youth clubs, dancing classes, etc.

### *Comment*

We could not find any evidence that transmission was connected with the school meal service or with the general hygiene of the school which has always been maintained at a high standard. We noted, however, that, in general, classes which had less floor space per pupil had a higher incidence of cases, as would be expected with a presumed respiratory type of transmission.

This outbreak was localised to one school and families associated with it, and under such circumstances it would appear that the use of gamma globulin is a valuable control measure.

### *Summary*

Between January 17th and April 23rd, 1968, there was an outbreak of 38 cases of infective jaundice at Bengeworth C.E. Primary School, Evesham. Most of the other 10 cases occurring in Evesham during the same period were connected in some way with this school.

Gamma globulin was administered to 263 close contacts early in April and no further cases occurred after 23rd April, either at the school or in the Borough throughout the remainder of the year.

Dr. E. M. Devlin (Evesham Area)

1. The quality of N.H.S. spectacle frames issued to small children is generally poor. Moreover, some opticians' repairs to broken frames were quite inadequate.

2. The parents of a child whose vision is less than 6/60 (both eyes) without glasses said that a second pair could not be supplied free by N.H.S. and that she had to bear the whole cost herself. I understand that she might obtain National Assistance to help defray the cost ; nevertheless I feel that this is wrong and that a secondary school child whose vision is less than 6/60 with both eyes should be given a reserve pair of glasses, as he or she feels most helpless when deprived of useful vision through loss or accidental breakage.

3. I was appalled by the number of unsuitable and ill-fitting shoes bought by mail order—surely a most inappropriate way of buying shoes for growing feet.

4. It is highly desirable that in health education classes children and young people should be impressed with the merits of strap-on or laced shoes, as opposed to the slip-on type which, when the elastic has stretched, are held on by the toes—with resulting corns and callosities.

5. There were still far too many overweight children, but I felt that this year I got more co-operation from the children who were trying to lose weight. I also found parents more anxious to help their children to lose weight. I should imagine that the popular press has had some influence on this change of attitude.



6. Verrucae were (and are) still all too numerous, and particularly difficult to eradicate in Blackminster County Secondary School ; in spite of frequent foot inspections and full co-operation from the staff last summer they almost amounted to an epidemic, but now the cases are more sporadic.

In conclusion may I say that during 1968 I have had close co-operation from staff in all the schools I visited. I cannot speak too highly of the assistance I have received from school staff, with very few exceptions. I much prefer to examine the children in schools, where personal visits to individual teachers or classrooms are often most helpful in solving problems on the spot—valuable opportunities which are denied when the work is confined to Waterside Clinic. However, I suppose that accommodation is so limited in some schools as not to allow space for medical examinations and the clinic is the only alternative.

The health visitors have as usual been helpful, courteous and a delight to have at one's side, and their knowledge of families has been of great assistance.

TABLE 1

*School Population*

							<i>No. of Children</i>				
							<i>Boys</i>	<i>Girls</i>	<i>Total</i>		
<i>Schools/ Dept.</i>											
Nursery	..	..	..	..	..	1	17	20	37		
Primary	..	..	..	..	..	231	21,088	19,690	40,778		
Secondary Modern	..	..	..	..	..	36	9,313	8,830	18,143		
Secondary Grammar	..	..	..	..	..	10	3,263	3,036	6,299		
Secondary Technical	..	..	..	..	..	1	370		370		
							279	34,051	31,576	65,627	
<hr/>											
Special Schools	..	..	..	..	..	6	244	140	384		
									<hr/>		
									Total	..	66,011
											<hr/>

TABLE 2

TABLE 2					
School Clinics					
Name	Address	Held on	Nurses Sessions	Services	
Blackheath	Feldon Lane, Blackheath	Occasional		E.M.D.V.A.C.G.	
Bromsgrove	Recreation Road, Bromsgrove	Wednesdays at 9.30 a.m.		E.M.D.V.S.A.C.G.	
Cradley	Colley Lane, Cradley	Occasional		E.M.D.V.A.	
Droitwich	Baptist School Rooms, Droitwich Spa	Occasional		M.V.	
Evesham	Waterside, Evesham	2nd and 4th Fridays at 9.30 a.m.		E.M.D.V.S.A.	
Halesowen	(1) Highfield Lane, Halesowen	Occasional	Fridays at 9.30 a.m.	E.M.D.V.S.A.R.E.P.	
Lye	Orchard Lane, Lye	Occasional		E.M.D.V.	
Malvern	(1) Victoria Park Road, Malvern Link	Fridays at 9.30 a.m.		E.M.V.S.A.	
	(2) Grove School, Pickersleigh Grove, Malvern	By appointment		D.	
Redditch	Bromsgrove Road, Redditch	1st Thursday at 9.30 a.m.	Thursdays at 9.30 a.m.	E.M.D.V.S.A.	
Rubery	Barrington Road, Rubery, Birmingham	Occasional		E.M.D.V.A.	
Stourbridge	Hagley Road, Stourbridge	Occasional	Fridays at 9.30 a.m.	E.M.D.V.A.S.	
Worcester	(1) 1, Loves Grove, Castle Street, Worcester	Wednesdays 9 a.m. and 2 p.m. Thursdays 9.30 a.m. and 2 p.m. Saturdays 9.45 a.m.		C.G.	
	(2) Castle Street, Worcester	Occasional		E.M.V.A.	
Wythall	Silver Street, Wythall	Occasional		E.M.V.A.	
KIDDERMINSTER AREA	Coventry St., Kidderminster	Thursday 9.30 a.m.		CG.D.E.M.S.A.V.	
Kidderminster					
Stourport-on-Severn	Mitton Street, Stourport	2nd and 4th Fridays 9 a.m. by appointment	Mondays, Wednesdays and Fridays 9—10 a.m.	D.E.M.V.	
INDEX TO SERVICES :					
A. AUDIOLOGY	D. DENTAL	M. MINOR AILMENTS	P. PHYSIOTHERAPY	S. SPEECH	
CG. CHILD GUIDANCE	E. EYE	O. ORTHOPAEDIC	RE. REMEDIAL EXERCISES	V. VACCINATION AND IMMUNISATION	

TABLE 3

Medical Inspection and Treatment

(a) PERIOD MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	Physical Condition of pupils inspected		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	for defective vision (excluding squint)	for any other condition recorded at (c)	Total individual pupils
		No.	No.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1964 and later	32	32	—	2	9	8
1963	2535	2534	1	84	291	327
1962	3933	3933	—	147	430	517
1961	1022	1022	—	42	85	118
1960	513	511	2	31	54	81
1959	320	320	—	22	30	50
1958	352	352	—	28	52	74
1957	2184	2184	—	112	231	326
1956	1926	1925	1	121	180	296
1955	642	642	—	52	67	110
1954	1406	1406	—	65	134	184
1953 and earlier	2377	2377	—	212	210	397
Total ..	17242	17238	4	918	1773	2488

No. of Pupils found not to warrant a medical examination .. 275

(b) OTHER INSPECTIONS

Number of Special Inspections ..	7,592
Number of Re-inspections ..	2,308
Total ..	<u>9,900</u>



(c) DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL  
INSPECTIONS DURING THE YEAR

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				Special Inspections
		Entrants	Leavers	Others	Total	
4	Skin .. .. T O	93	125	194	412	215
		126	71	115	312	45
5	Eyes— <i>a.</i> Vision .. T	236	296	386	918	367
		O 970	271	609	1850	511
	<i>b.</i> Squint .. T	84	7	30	121	10
		O 92	22	48	162	12
	<i>c.</i> Other .. T	8	4	13	25	9
		O 18	10	13	41	8
6	Ears— <i>a.</i> Hearing .. T	92	13	41	146	38
		O 293	45	143	481	122
	<i>b.</i> Otitis T	18	8	7	33	8
		O 108	17	65	190	22
	<i>c.</i> Other .. T	3	5	6	14	9
		O 30	23	36	89	8
7	Nose and Throat .. T	116	17	60	193	46
		O 508	60	222	790	113
8	Speech .. .. T	25	4	19	48	39
		O 137	9	30	176	81
9	Lymphatic Glands T	13	3	1	17	4
		O 147	34	56	227	28
10	Heart .. .. T	7	3	4	14	6
		O 60	27	40	127	27
11	Lungs .. .. T	30	16	24	70	22
		O 174	41	115	330	91
12	Developmental— <i>a.</i> Hernia .. .. T	16	10	7	33	12
		O 55	4	16	75	11
	<i>b.</i> Other .. .. T	18	15	35	68	38
		O 139	65	165	369	136
13	Orthopaedic— <i>a.</i> Posture .. .. T	5	17	17	39	12
		O 19	37	42	98	23
	<i>b.</i> Feet .. .. T	102	44	116	262	67
		O 244	75	180	499	67
	<i>c.</i> Other .. .. T	42	24	21	87	20
		O 87	39	66	192	40
14	Nervous System— <i>a.</i> Epilepsy .. .. T	5	3	5	13	10
		O 15	9	13	37	26
	<i>b.</i> Other .. .. T	5	8	12	25	4
		O 17	9	31	57	32
15	Psychological— <i>a.</i> Development .. T	9	3	20	32	39
		O 84	56	124	264	57
	<i>b.</i> Stability .. T	15	4	32	51	55
		O 192	30	103	325	145
16	Abdomen .. .. T	5	3	8	16	5
		O 29	9	32	70	13
17	Other .. .. T	23	12	17	52	30
		O 27	16	30	73	47

TABLE 4

*Cleanliness*

(a) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons .. .. .	121,919
(b) Total number of individual pupils found to be infested .. .. .	649
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) .. .. .	189
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) .. .. .	7

TABLE 5

*Eye Diseases, Defective Vision and Squint*

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint .. .. .	84
Errors of refraction (including squint) .. .. .	3,876
Total .. .. .	3,960
Number of pupils for whom spectacles were prescribed .. .. .	2,469

TABLE 6

*Diseases of the Skin*  
(excluding uncleanliness)

	<i>Number of cases known to have been treated.</i>
Ringworm—(a) Scalp .. .. .	—
(b) Body .. .. .	—
Scabies .. .. .	15
Impetigo .. .. .	2
Other skin diseases .. .. .	273
Total .. .. .	290

TABLE 7

*Diseases and Defects of Ear, Nose and Throat*

	<i>Number of cases known to have been dealt with</i>
Received operative treatment :	
(a) For diseases of the ear .. .. .	1
(b) for adenoids and chronic tonsillitis .. .. .	263
(c) for other nose and throat conditions .. .. .	—
Received other forms of treatment .. .. .	73
Total .. .. .	337
Total number of pupils in schools who are known to have been provided with hearing aids ..	
(a) in 1968 .. .. .	22
(b) in previous years .. .. .	153

TABLE 8

Dental Inspection and Treatment

Attendances and Treatment

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visit .. .. .	7,676	6,517	1,425	15,618
Subsequent Visits .. ..	4,685	8,001	1,847	14,533
Total Visits .. .. .	12,361	14,518	3,272	30,151
Additional courses of treatment commenced .. .. .	287	295	40	622
Fillings in permanent teeth ..	7,332	14,025	3,825	25,182
Fillings in deciduous teeth ..	5,971	267		6,238
Permanent teeth filled .. ..	5,302	12,363	3,460	21,125
Deciduous teeth filled .. ..	5,515	232		5,747
Permanent teeth extracted ..	369	1,596	354	2,319
Deciduous teeth extracted ..	7,245	1,817		9,062
General anaesthetics .. ..	1,046	323	24	1,393
Emergencies .. .. .	537	271	75	883

Number of Pupils X-rayed ..	294
Prophylaxis .. .. .	2,581
Teeth otherwise conserved ..	1,542
Number of teeth root filled ..	31
Inlays .. .. .	1
Crowns .. .. .	31
Courses of treatment completed	13,303

Orthodontics

Cases remaining from previous year	276
New cases commenced during year	228
Cases completed during year ..	199
Cases discontinued during year ..	55
No. of removable appliances fitted	420
No. of fixed appliances fitted ..	1
Pupils referred to Hospital Consultant .. .. .	1

Prosthetics

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time) .. .. .	—	—	2	2
Pupils supplied with other dentures (first time) .. .. .	—	25	15	40
Number of dentures supplied ..	—	35	26	61

Anaesthetics General Anaesthetics administered by Dental Officers .. Nil.

Inspections

(a) First inspection at school. Number of pupils	46,821
(b) First inspection at clinic. Number of pupils ..	2,820
Number of (a) (b) found to require treatment	34,777
Number of (a) (b) offered treatment ..	25,444
(c) Pupils re-inspected at school or clinic ..	4,553
Number of (c) found to require treatment ..	3,371

Sessions

Sessions devoted to treatment .. .. .	3,837
Sessions devoted to inspection .. .. .	300
Sessions devoted to Dental Health Education ..	318



TABLE 9

*Notification of Tuberculosis in Children of School Age*

Years	Respiratory		Non-Respiratory		Both Forms	
	Number	Rate/1000	Number	Rate/1000	Number	Rate/1000
Average 1953—57 ..	13	0.21	9	0.12	21	0.34
Average 1958—62 ..	10	0.16	3	0.04	13	0.19
Average 1963—67 ..	4.4	0.07	1.4	0.02	5.8	0.09
1968.. ..	1	0.016	0	0	1	0.016

Handicapped Pupils Requiring Education at Special Schools or Boarding Homes—1968

TABLE 10

No. of Pupils		1. Blind 2. Partially Sighted	3. Deaf 4. Partial Hearing	5. Physically H'capped 6. Delicate	7. Malad- justed 8. E.S.N.	9. Epileptic 10. Speech Defects	Total Cols. 1—10
A. Newly assessed	.. .. .	3	2	2 3 3 1	8 74 — 40	1 —	93 43
B. Newly placed following assessment (a) in 1968	..	—	1	1 1 — —	3 19 — 21	— —	25 21
	(b) before 1968	2	2 1 — —	— 2 1 2	2 79 2 56	2 —	90 61
	Total	2	3 1 — 2	1 3 1 2	5 98 2 77	2 —	115 82
C. (i) Requiring places	(a) day	1	1	—	— 69 — 33	— —	71 33
	(b) boarding	1	—	2 2 2 1	5 15 — 6	2 —	27 9
(ii) included at C(1) who had not reached the age of 5	(a) days places	1	1	—	— —	— —	2
	(b) boarding places	—	—	—	— —	— —	—
(iii) included at C(1) who had reached the age of 5 but whose parents had refused consent	(a) day places	—	—	—	— 17	— —	17
	(b) boarding places	—	—	3 2	— 2	1 —	8
(iv) included at C(1) and awaiting admission for more than one year	(a) day places	—	—	—	— 7 — 5	— —	7 5
	(b) boarding places	—	—	—	— 5 — 2	— —	5 2
D. (i) At Special Schools	day	5	5 2 1 3	6 2 10 —	— 153 — 128	— —	173 143
	boarding	4 3 3 —	2 1 — 1	9 4 7 6	1 79 — 12	— —	100 29
(2) Non-maintained special schools	day	1	—	2	— —	— —	3
	boarding	8 1 5 —	3 1 8 —	4 4 3 —	3 21 1 2	3 2	48 21
(3) Independent schools	..	—	4 5 3 5	— 4 — 1	20 — 7 1	— —	33 17
(ii) Boarded in homes	..	—	—	— 1 — 1	— —	— —	1 1
	Total	9 10 5 4	14 9 12 9	21 15 20 8	24 253 8 143	3 2	358 211
E. Being educated at home	..	—	—	2	6 1	— —	9

TABLE 11

*Handicapped Pupils*

*Summary*

Category	New cases ascertained	Cases removed from register	Remaining on register at end of year	Incidence per 1,000 school population	No. at special schools	No. at ordinary schools	Not at school (under age, excluded or receiving home tuition)	No. awaiting admission to special schools
Blind .. .. .	—	1	14	0.2	14	—	—	—
Partially sighted .. ..	7	2	22	0.3	14	7	1	2
Deaf .. .. .	4	2	28	0.4	26	—	2	1
Partially Hearing .. ..	1	10	41	0.5	18	22	1	—
Delicate .. .. .	12	15	85	1.2	23	62	—	1
Physically handicapped ..	14	35	152	2.3	44	100	8	3
Speech defects .. .. .	—	2	—	—	—	—	—	—
Educationally sub-normal	137	60	627	9.4	396	226	5	104
Maladjusted .. .. .	8	7	44	0.6	32	6	6	5
Epileptic .. .. .	5	9	34	0.5	5	29	—	1
Total ..	188	143	1,047	15.8	572	452	23	117

TABLE 12

*Handicapped Pupils*

*Number of Children in Special Schools 1959—1968*

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Blind .. .. .	16	17	14	13	12	13	15	14	14	14
Partially Sighted .. ..	18	15	15	13	13	16	15	9	12	14
Deaf .. .. .	27	23	22	23	22	23	28	26	25	26
Partial Hearing .. .. .	13	12	18	19	21	23	26	23	23	18
Delicate .. .. .	5	9	11	17	12	15	19	18	19	21
Physically Handicapped .. ..	41	48	39	38	34	38	42	36	43	41
Speech Defects .. .. .	—	—	—	—	—	1	—	—	—	—
Educationally Sub-Normal .. ..	232	216	219	221	291	308	315	278	314	396
Maladjusted .. .. .	11	16	17	17	20	24	35	33	36	32
Epileptic .. .. .	8	9	11	15	14	8	9	6	5	5
TOTAL .. .. .	371	365	366	376	439	469	504	443	491	567
School Population .. .. .	64,258	64,842	64,962	64,809	66,064	67,119	68,286	61,677	64,000	66,011



TABLE 13

Medical Examination of Entrants to Courses of Training for Teachers  
and to the Teaching Profession

CANDIDATES FOR ADMISSION TO TRAINING COLLEGES

Medical Category	Male	Female	Total
A1	74	189	263
A2	56	112	168
B1	—	4	4
B2	—	1	1
C	—	—	—
TOTAL .. ..	130	306	436

TEMPORARY SUPPLY TEACHERS AND OTHERS

Medical Category	Male	Female	Total
A1	10	7	17
A2	11	6	17
B1	1	—	1
B2	—	—	—
C	—	—	—
TOTAL .. ..	22	13	35

TABLE 14

Speech Therapy—Summary

	BROMSGROVE	EVESHAM	(Re-opened Nov. 1968) FELDON LANE	HALESOWEN	REDDITCH	STOURBRIDGE	WORCESTER	HALESBURY S.S.	RHYDD COURT S.S.	STOURMINSTER S.S.	KIDDERMINSTER	MALVERN	TOTAL
Attending 31.12.68 ..	20	14	4	11	25	30	20	15	9	8	41	17	214
Discharged after satisfactory progress ..	15	9	0	2	12	19	8	3	3	5	18	14	108
Left school or area ..	0	1	0	3	2	0	4	0	0	0	0	3	13
Ceased attending ..	2	2	0	2	2	2	1	0	0	1	1	0	13
TOTAL ..	37	26	4	18	41	51	33	18	12	14	60	34	348
Awaiting attention ..	20	41	6	10	47	25	18	—	—	—	40	6	213
Total No. of treatments..	356	257	9	183	428	427	341	280	269	225	570	204	3,549

*Audiological Service*

(a) Number of Sweep Tests carried out.

CHILDREN TESTED	No.	FAILED TEST	Referred to Aural Clinic
INFANTS .. .. .	5,759	569	562 (9.7 %)
JUNIOR MIXED .. ..	2,728	160	157 (5.7 %)
SECONDARY MODERN .. AND GRAMMAR	167	63	63 (37.7 %)
TOTAL ..	8,654	792	782 (9.0 %)

(b) Results of Examinations at the Audiometric Clinics.

Number examined .. .. .	1,929
Infection of Ear, Nose or Throat .. .. .	515
Other conditions .. .. .	105
Referred to Aural Surgeon .. .. .	176

PART XIV

WELFARE SERVICES

NATIONAL ASSISTANCE ACT, 1948



*Annual Report of the County Welfare Officer  
for the Year 1968*

*National Assistance Act 1948*

In my previous report I mentioned further reductions in the number of beds reserved for the County Council's use in Kidderminster General Hospital (Bewdley Road) and Bromsgrove General Hospital (both Regional Hospital Board establishments), which had been made possible by additional accommodation becoming available at Areley House, Stourport-on-Severn and extensions to Swinford Old Hall, Stourbridge.

During 1968 the number of beds at Kidderminster General Hospital (Bewdley Road) was still further reduced from 60 to 50, and following a gradual run-down of the beds at Bromsgrove General Hospital and by arrangement with the Hospital Management Committee this unit was closed on the 31st October, the seven old people resident at the time being transferred to the chronic sick wards. Over a long period many voluntary organisations and individuals had contributed to the welfare of the old people whilst resident in the unit and expressions of the Welfare Sub-Committee's appreciation of all that they had done were sent to them.

I had hoped to have been able to report some practical progress about the proposed new homes at Evesham and Redditch in view of the time that has elapsed since sites were available, particularly in the case of Evesham, but at least there is some hope that contracts for the building work may be entered into fairly early in 1969. It would then be another 18 months to 2 years before this additional accommodation could be available for use, so that at the moment there seems little prospect of effecting reductions of beds at either of the Regional Hospital Board's establishments at Evesham and Kidderminster in the meantime.

Revised plans for the long term development of the welfare services for the period up to 1978/9 were not required to be submitted this year to the Department of Health and Social Security having regard to prevailing circumstances.

In any case they would not have been substantially different from the ten year programme which I commented upon in my report for 1968.

Strenuous efforts continued to be made during the year to find suitable sites for old people's homes, the lack of which, apart from other circumstances has seriously delayed the carrying out of the building programme. With the closure of the small unit at Bromsgrove previously mentioned the provision of a new home in that area becomes of prime importance and towards the end of the year the opportunity arose for negotiations to be started for the purchase of some land which would be very suitable for the purpose.

*Social Welfare of Residents*

Thanks are due to the many individuals and organisations who have brought some variation into the lives of the residents of the homes by arranging car and coach outings to beauty spots, places of entertainment etc. and gifts from time to time and particularly at Christmas. The residents very much appreciate the interest taken in their wellbeing by persons and bodies outside the home, and this, together with the efforts made by the staff to help the old people and to foster a good social atmosphere in the homes make a valuable contribution towards the happiness and contentment of the residents.

*Special Housing for Old People—*

*Warden Schemes*

At the end of 1968 there were 46 special housing schemes under the supervision of wardens covering 1,363 dwellings and accommodating 1,909 old people. Other schemes were progressing and it was anticipated that 3 of them would be functioning very early in 1969.

Common rooms have been provided in 15 schemes and these have proved to be a most useful facility as the old people in the schemes can get together for recreational and social activities and such entertainments as may be arranged.

With the co-operation of housing authorities this service has developed considerably and particularly during the last few years when for instance the cost per 1,000 population during 1967/68 in respect of warden schemes was more than double the cost during 1965/66. This development is continuing as 13 additional schemes are anticipated to be completed during 1969/70. The County Council consider the expenditure involved to be well worthwhile as the warden schemes provide a service, supplemented where required by statutory and voluntary domiciliary services, which enable old people to continue to live independent lives in their own homes longer than would otherwise be possible. The impact of this service on the provision of residential accommodation for old people is recognised whether it simply delays admission or obviates admission altogether, and apart from other considerations regard has been had to this in assessing the extent of the need in the long term for additional residential accommodation.



### *Flashing Light Warning Systems*

At the end of 1968 the flashing light system had been installed in 929 dwellings for old people not covered by warden schemes, and the large majority of these lights had been provided in dwellings allocated by district councils specially for old people.

Dwellings covered by a warden scheme are always linked up to the warden's dwelling by a bell warning system but in addition 407 such dwellings have been provided with flashing lights as an extra means of obtaining help in an emergency.

Private dwellings occupied by old people are not usually provided with flashing lights because of the possible change of tenants not needing them but portable battery operated units are made available on loan to elderly persons living alone when required and particularly for those awaiting admission to county homes where this facility is desirable.

### *Clubs for the Elderly*

There were 77 clubs for the elderly of various types functioning in the county at the end of the year. These included 60 clubs for the elderly and 3 open all-day clubs run by the W.R.V.S., 4 clubs and 1 open all-day club run by the B.R.C.S., 8 clubs run by various voluntary organisations and 1 all-day club run by the Bromsgrove Association for the Welfare of Old People.

Some old people are not attracted to these clubs but for many others the clubs are a source of making general social contact where they can join in various activities and entertainment besides having an opportunity for the making of personal friendships. The clubs are also very useful in enabling members of voluntary organisations running the clubs to maintain contact with elderly people and to visit them when ill. Old people in the county homes are encouraged to become members of local clubs and mixing with other people outside the homes provides them with an added interest in their lives.

The number of all-day clubs in the county is comparatively small and there is room for considerable expansion. This type of club provides a wider range of service than the club which meets once a week or less frequently, and the amenities which include hot meals or snacks are very much appreciated. The existing day clubs are very successful and are undoubtedly meeting a need but only that, of course, of the old people living in the neighbourhood of the clubs.

The running of all these clubs entails a great deal of time and effort on the part of the members of the voluntary organisations concerned and I take this opportunity of once again expressing my sincere appreciation for all that they are doing for the social welfare of old people.

### *Meals on Wheels and Meals in Day and*

#### *Luncheon Clubs for the Elderly*

These are further services in which a vast deal of voluntary effort is made for the benefit of the elderly and much praise is due to the voluntary workers concerned.

The extent of the work done may be gauged from the fact that no less than 84,793 meals were supplied by the meals on wheels service to old people in their own homes during 1968. The steady development of this service over the years was continued during 1968 as will be noted by comparing the figure of 79,627 for 1967 with the former year.

The number of mid-day meals provided in the day and luncheon clubs during 1968 was 32,069 as compared with 30,255 in 1967. The increase is mainly due to an all-day club started by the Bromsgrove Association for the Welfare of Old People during 1968, otherwise all other meals under this service and the meals on wheels service were supplied by the W.R.V.S.

### *Registration and Inspection of Disabled*

#### *Persons' and Old Persons' Homes*

At the 31st December, 1968 there were 24 private and voluntary homes for disabled and old persons registered by the County Council under Section 37 of the National Assistance Act 1948, providing accommodation for 354 persons. Five new homes were registered during the year and three homes closed down.

The 24 homes comprised 2 voluntary homes and 20 private homes for the elderly, and 2 voluntary homes for handicapped persons.

There were also 2 homes for the elderly run by the British Red Cross Society providing accommodation for 38 people, but these homes are statutorily exempted from registration.

All the registered homes were inspected regularly to ensure that the residents were provided with good standards of accommodation and services. Any matters felt to be necessary for the benefit or safety of the residents were brought to the notice of the proprietors.



## *Welfare Services for the Blind and Partially Sighted*

### *1. Blind Persons*

#### *(a) Registration*

The number of persons registered as blind as at the 31st December, 1968 was 740(299 men, 441 women). This shows a fairly substantial reduction from the 1967 figure (774—316 men, 458 women). Whilst a fall in number of this order cannot be anticipated for future years, the statistical pattern of the last decade does seem to indicate a reversal of the former trend towards an ever increasing incidence of blindness.

New registrations during the year show a similar drop in number, from 100 in 1967 to 82 in 1968.

Seventy per cent of the persons currently registered and eighty per cent of those registered in the past year are in the "over 65 years" age group.

The number of school age children on the register is 19 and the "under 5 years" group numbers 3. Comparative numbers for 1967 are 16 and 7 respectively.

#### *(b) Employment*

The number of persons employed in sheltered workshops remains the same (4) but there has been a slight reduction (from 15 to 13) in the number engaged as Homeworkers within the Council's scheme.

Both N.J.C. basic wages (workshop employees) and augmentation rates (homeworkers) were increased in the year under review.

The reduction in sheltered employment has been offset by a further rise in the number of blind persons engaged in open competitive employment. 54 blind people are now in the latter category, comprising 76% of the total in employment.

The retail shop in The Tything is one of the useful outlets for disposal of goods made by blind and other physically handicapped persons in the County. Another successful sales year saw the turn-over of goods increased in value from £2,478 in 1967 to £2,700 in 1968.

#### *(c) General Social Welfare*

Supportive services for all age ranges continued at an intensive level including casework and rehabilitation, advice on statutory and voluntary sources of help, the supply of aids and gadgets and individual instruction in Braille, Moon and handicrafts.

A recent innovation in the field of mobility is the establishment in Birmingham of a Centre for the training of instructors in the "long cane technique." One of the Council's Social Welfare Officers attended a full-time course during the year and domiciliary instruction can now be given to suitable blind persons in Worcestershire in this valuable method of improving mobility and independence.

The Worcestershire County Association for the Blind has undertaken a full programme of activity throughout the year, maintaining a particular interest in the Social and Handicraft Clubs, holiday arrangements, and in Talking Book machines and Wireless Sets.

### *2. Partially Sighted Persons*

The number of registered partially sighted persons reflected the usual upward trend by an increase of 14 to a total as at the 31st December, 1968 of 141 (65 men, 76 women).

49 persons were regarded as near and prospectively blind, (16 years of age and over—Class A). Those aged 16 years and over who were mainly industrially handicapped (Class B) numbered 20 and there were 59 persons in Class C, requiring observation only, in the same age range. There were in addition 13 children of school age.

Assistance was given as required either under the legislation appropriate to blind persons or under the Council's scheme for the general classes of the handicapped, with particular emphasis on "follow-up" to ensure that advantage was taken of any recommended treatment.

### *3. Register of Blind and Partially-Sighted Persons*

#### *(a) Incidence of Blindness*

During 1968 the number of Forms B.D.8 completed in respect of persons over school age was 111, viz. males—33, females—78, as compared with 131 in 1967. Of these 85 were certified blind, 18 partially-sighted and 8 not blind or partially sighted. The examinations were carried out by 17 ophthalmologists and in 21 cases domiciliary visits were necessary. There were 9 re-examinations—5 persons who were previously partially-sighted were certified blind, 1 remained partially-sighted and 1 not registerable, the re-examination of 2 persons registered blind revealed 1 partially-sighted and 1 not blind or partially-sighted.



Of the 111 new cases dealt with during the year the sources of reference were as follows :—

(a) General Practitioners	..	..	..	..	..	..	..	..	4
(b) Other medical sources (mainly ophthalmologists)	..	..	..	..	..	..	..	..	58
(c) Ministry of Social Security	..	..	..	..	..	..	..	..	28
(d) Other lay sources (welfare officers, neighbours etc.)	..	..	..	..	..	..	..	..	21

(b) Follow-up of Registered Blind and Partially-Sighted Persons

	Cause of Disability							
	Cataract		Glaucoma		Macular Degen		Others	
	Blind	P/S	Blind	P/S	Blind	P/S	Blind	P/S
(i) Number of cases registered during year in respect of which Section F(1) of Forms B.D.8 recommend								
(a) No Treatment .. ..	9	3	7	3	20	2	20	5
(b) Medical.. ..	1	—	3	—	2	—	12	3
(c) Surgical .. ..	8	1	—	—	—	—	2	—
(d) Optical .. ..	—	—	—	—	—	—	1	1
(ii) Number of cases at (i)(b), (c),(d) above, which on follow-up action have received treatment .. ..	3	—	3	—	2	—	10	2

4. General Classes of Handicapped Persons

(a) Registration

The number of persons registered as at the 31st December, 1968 was 1,362 (610 men, 752 women) in the following age groups :—

Age	Men	Women	Totals
Under 16 .. ..	44	17	61
16—29 .. ..	90	55	145
30—49 .. ..	108	87	195
50—64 .. ..	179	199	378
65 and over .. ..	189	394	583
	610	752	1,362

There is only a very slight increase over the 1967 total of 1,358 and this is by far the smallest annual increase recorded to date. Attention has been drawn in previous reports to the large proportion of younger persons as compared with the blind register. Nevertheless the percentage figure of the “ over 65 years ” group is now 43 whilst in 1967 it was 40. It remains to be seen whether a trend towards an “ ageing ” of the register is established. Organic nervous diseases and arthritis or rheumatism remain overwhelmingly the most common causes of handicap represented in the register.

(b) Structural Alterations and Aids

A wide range of small aids and gadgets has been provided by the department and again this type of provision has been extensively supplemented by the British Red Cross Society. Amongst the more commonly requested items were toilet and bathing aids, and special chairs such as the self-lift or geriatric type.

Many alterations to property were carried out, in the case of council housing with the active practical and financial co-operation of the housing authorities concerned. The construction of drives and pathways and the provision of ramps and handrails were the most frequent items but a considerable amount of work was carried out in bathroom alterations and the provision of sliding doors. Two gravely handicapped persons were also assisted with telephone rentals.

Expenditure in 1968 totalled £435 on structural alterations and £992 on aids and gadgets. The total outlay was £398 more than in 1967 (38% increase) and represented assistance to 193 disabled persons.

The department arranged a three day visit to Kidderminster in June of the " Travelling Exhibition of Aids for the Disabled " sponsored by the Central Council for the Disabled, and welfare staff co-operated in the organisation of this useful display.

(c) *Centres and Outwork*

The centre for outwork at Pershore continued in operation for two days each week but the expansion in demand and successful negotiations for additional contracts led to the Halesowen centre opening on an extra day for a total of three days each week. An additional driver was engaged and a work centre assistant was appointed for the centre at Halesowen.

(d) *Social Activities*

Two further clubs were established by the British Red Cross Society bringing the total number in the County to fifteen. Nine of the clubs are run by the British Red Cross Society, three by the Women's Royal Voluntary Service and three by other voluntary organisations. All of them are financially assisted by the County Council under an agreed grant formula.

(e) *Disabled Drivers*

During 1968 a total of 71 identification badges, designed to give assistance in overcoming parking and traffic difficulties, was issued to disabled drivers. This was well over twice the number issued in the previous year and brought the total number of badge owners in the County to 194.

(f) *Admissions to Homes*

The number of handicapped persons (excluding the blind and the deaf) in residential accommodation as at the 31st December, 1968 is shown in the following table. Categories and definitions accord with the annual return to the Department of Health and Social Security.

						<i>County Homes Worcestershire</i>	<i>Other L.A. Homes</i>	<i>Voluntary Homes</i>
(a) Physically handicapped								
Aged	..	..	..	..	..	199	—	—
Non-aged	..	..	..	..	..	23	3	15
						222	3	15
(b) Mentally handicapped								
Aged	..	..	..	..	..	115	—	2
Non-aged	..	..	..	..	..	21	—	—
						136	—	2

In the case of the County Homes there has been an increase in the number of physically handicapped from 185 in 1967 (171 aged, 14 non-aged) and in the number of mentally handicapped from 128 in 1967 (102 aged, 26 non-aged). The position in regard to other local authority and voluntary homes is virtually unchanged.

5. *Deaf and Hard of Hearing Persons*

*Registration*

The register is maintained according to three classifications required by the Department of Health and Social Security. Details of the number of persons registered as at the 31st December, 1968 are as follows :—

<i>Age</i>				<i>Deaf with Speech</i>	<i>Deaf without Speech</i>	<i>Hard of Hearing</i>
Under 16	Men..	..	..	3	14	11
	Women	..	..	1	8	10
16—29	Men..	..	..	16	5	16
	Women	..	..	9	9	13
30—49	Men..	..	..	8	3	11
	Women	..	..	6	5	9
50—64	Men..	..	..	6	6	26
	Women	..	..	6	2	23
65 and over	Men..	..	..	9	4	48
	Women	..	..	19	7	137
				<u>83</u>	<u>63</u>	<u>304</u>

In all three classifications there have been slight increases in number since 1967 when the totals were :—

Deaf with speech 79 ; Deaf without speech 58 ; Hard of Hearing 303.

Whilst the register is remarkable for the “ even spread ” in various age groups when compared with the registers for the blind, the partially sighted and the general classes of handicapped persons, the comparatively large number of women over 65 years of age in the Hard of Hearing classification is quite notable.

The Social Welfare Officers have visited Deaf and Hard of Hearing persons throughout the year and close co-operation has been maintained with the Worcestershire and Herefordshire Association for Work amongst the Deaf.

R. A. McDONALD

County Welfare Officer

County Welfare Department,  
25a The Tything,  
Worcester.





PART XV

COMMITTEES  
AND  
SUB-COMMITTEES

*Health Committee*  
(as at 31st December, 1968)

Chairman :	Mr. H. J. Tooby
Vice-Chairman :	Mr. J. G. Parker
The Chairman of the County Council :	Mr. J. M. C. Higgs
The Vice-Chairman of the County Council :	Mr. H. M. Morgan
The Chairman of the Finance Committee :	Mr. J. H. Walker
The Vice-Chairman of the Finance Committee :	Mr. H. G. Pinner, O.B.E.

*County Aldermen :*

Mr. E. J. Broughton	Mrs. H. C. M. Porter, O.B.E.
Mrs. M. B. Matty	Col. W. R. Prescott, M.C., T.D., D.L.

*County Councillors :*

Mr. W. J. Balderstone	Mr. A. E. Johnson
Dr. J. E. Blundell-Williams	Mr. B. D. Jones
Mr. W. Bradford	Mr. W. F. Kimberley
Mr. W. S. Brettell	Mr. W. J. Mapp
Mr. T. Camden	Mrs. O. A. L. Mills
Mr. P. E. Clarke	Mrs. R. F. Munslow
Mrs. E. J. Davenport	Mr. J. T. O'Reilly
Mr. D. G. Dymott	Mr. J. Page
Mr. D. Gittins	Mr. R. J. Scriven
Mrs. J. L. Guest	Mrs. O. Simpson
Mr. C. A. Guise	Mrs. M. B. Slade
Mr. H. Hardwick	Mr. M. W. Staite
The Rev. J. B. Hencher	Mrs. H. R. Stephens
Mr. D. C. Herbert	Mr. E. A. W. Treadgold
Mr. F. S. Hunt	Mr. C. Willetts
Mr. W. J. Hunt	

*Co-opted Members :*

Miss F. E. Bailey, L.D.S.	}	Local Dental Committee
Dr. R. S. MacArthur		Local Medical Committee
Dr. T. Astley-Cooper		
Mrs. P. B. Harris		Mid-Worcestershire Hospital Management Committee
Mr. H. T. Sharp		South Worcestershire Hospital Management Committee
Mrs. V. A. Wight-Boycott		Worcestershire Federation of Women's Institutes
Mr. J. R. Smith, M.P.S.		Worcestershire Pharmaceutical Committee
Miss H. M. Pollard, M.B.E.		Women's Royal Voluntary Service

*Public Health Sub-Committee :*

Mr. D. G. Dymott (Chairman)	
Mr. A. E. Johnson (Vice-Chairman)	
Mr. W. J. Balderstone	Mrs. R. F. Munslow
Mr. W. S. Brettell	Mr. J. T. O'Reilly
Mr. T. Camden	Mrs. H. C. M. Porter, O.B.E.
Mr. P. E. Clarke	Col. W. R. Prescott, M.C., T.D., D.L.
Mrs. E. J. Davenport	Mr. R. J. Scriven
Mr. C. A. Guise	Mr. E. A. W. Treadgold
Mr. H. Hardwick	Mr. C. Willetts
Mr. W. F. Kimberley	
The Chairman of the County Council	} ex-officio
The Vice-Chairman of the County Council	
The Chairman of the Health Committee	
The Vice-Chairman of the Health Committee	
The Chairman of the County Finance Committee	
The Vice-Chairman of the County Finance Committee	

*Co-opted Members :*

Dr. T. Astley-Cooper
Miss F. E. Bailey, L.D.S.
Dr. R. J. Henderson, Director of the Public Health Laboratory, Worcester Royal Infirmary

*Milk Minor Sub-Committee :*

Mr. D. G. Dymott	Col. W. R. Prescott, M.C., T.D., D.L.
Mr. A. E. Johnson	Mr. H. J. Tooby



*Co-opted Member :*

Dr. R. J. Henderson

*Ambulance, Prevention and After-Care Sub-Committee :*

Mr. E. J. Broughton (Chairman)  
Mr. C. Willetts (Vice-Chairman)

Mr. W. Bradford	Mr. A. E. Johnson
Mr. P. E. Clarke	Mr. B. D. Jones
Mrs. J. L. Guest	Mr. W. J. Mapp
Mr. H. Hardwick	Mrs. H. C. M. Porter, O.B.E.
Mr. D. C. Herbert	Mrs. O. Simpson
Mr. F. S. Hunt	Mr. M. W. Staite
Mr. W. J. Hunt	Mrs. H. R. Stephens
The Chairman of the County Council	
The Vice-Chairman of the County Council	
The Chairman of the Health Committee	} ex-officio
The Vice-Chairman of the Health Committee	
The Chairman of the County Finance Committee	
The Vice-Chairman of the County Finance Committee	

*Co-opted Members :*

Dr. T. Astley-Cooper  
Miss F. E. Bailey, L.D.S.  
Dr. R. S. MacArthur  
Mrs. J. M. Rimington, M.B.E.  
The Rt. Hon. Lord Sandys  
The Chairman of the South Worcestershire After-Care Committee (Mrs. R. H. Stallard)  
Mr. J. R. Smith, M.P.S.

*Finance and General Purposes Sub-Committee :*

The Chairman of the County Council  
The Vice-Chairman of the County Council  
The Chairman of the Health Committee (Chairman)  
The Vice-Chairman of the Health Committee  
The Chairman of the County Finance Committee  
The Vice-Chairman of the County Finance Committee  
The Chairmen of the following Sub-Committees :  
    Public Health  
    Maternity and Child Welfare  
    Ambulance, Prevention and After-Care  
    Mental Health  
    Welfare

*Maternity and Child Welfare Sub-Committee :*

Mrs. H. C. M. Porter, O.B.E. (Chairman)  
Mrs. M. B. Matty (Vice-Chairman)

Mr. W. Bradford	Mr. W. J. Hunt
Mr. W. S. Brettell	Mr. W. J. Mapp
Mr. P. E. Clarke	Mrs. O. A. L. Mills
Mrs. E. J. Davenport	Mrs. O. Simpson
Mr. D. Gittins	Mrs. M. B. Slade
Mr. H. Hardwick	Mr. M. W. Staite
Mr. D. C. Herbert	Mrs. H. R. Stephens
Mr. F. S. Hunt	Mr. C. Willetts
The Chairman of the County Council	} ex-officio
The Vice-Chairman of the County Council	
The Chairman of the Health Committee	
The Vice-Chairman of the Health Committee	
The Chairman of the County Finance Committee	
The Vice-Chairman of the County Finance Committee	

*Co-opted Members :*

Mrs. R. Lane	Mr. J. R. Smith, M.P.S.
Dr. R. S. MacArthur	Mrs. V. A. Wight-Boycott

*Mental Health Sub-Committee :*

Mr. A. E. Johnson (Chairman)	
Mr. C. Willetts (Vice-Chairman)	
Mr. W. Bradford	Mrs. M. B. Matty
Mr. P. E. Clarke	Mrs. O. A. L. Mills
Mr. H. Hardwick	Mr. J. Page
The Rev. J. B. Hencher	Mrs. H. C. M. Porter, O.B.E.
Mr. D. C. Herbert	Mrs. O. Simpson
Mr. F. S. Hunt	Mrs. M. B. Slade
Mr. W. J. Hunt	Mr. M. W. Staite
Mr. W. J. Mapp	Mr. E. A. W. Treadgold
The Chairman of the County Council	} ex-officio
The Vice-Chairman of the County Council	
The Chairman of the Health Committee	
The Vice-Chairman of the Health Committee	
The Chairman of the County Finance Committee	
The Vice-Chairman of the County Finance Committee	

*Co-opted Members :*

Dr. T. Astley-Cooper	Dr. R. S. MacArthur
Mrs. P. B. Harris	Mrs. F. Salmon
Mrs. R. Lane	Mr. H. T. Sharp

*Welfare Sub-Committee :*

Mr. J. G. Parker (Chairman)	
Mr. H. J. Tooby (Vice-Chairman)	
Mr. W. S. Brettell	Mr. B. D. Jones
Mr. E. J. Broughton	Mr. W. J. Mapp
Mr. T. Camden	Mrs. M. B. Matty
Mrs. E. J. Davenport	Mrs. R. F. Munslow
Mr. D. Gittins	Mr. J. T. O'Reilly
Mrs. J. L. Guest	Mrs. H. C. M. Porter, O.B.E.
Mr. C. A. Guise	Mr. R. J. Scriven
Mr. H. Hardwick	Mrs. O. Simpson
The Rev. J. B. Hencher	Mrs. M. B. Slade
Mr. D. C. Herbert	Mr. M. W. Staite
	Mr. C. Willetts
The Chairman of the County Council	} ex-officio
The Vice-Chairman of the County Council	
The Chairman of the Health Committee	
The Vice-Chairman of the Health Committee	
The Chairman of the County Finance Committee	
The Vice-Chairman of the County Finance Committee	

*Co-opted Members :*

Mrs. R. G. Addenbrooke	Lt. Col. O. W. D. Smith, D.L.
Mrs. J. Hawkes	Mr. H. T. Stephens
Miss H. M. Pollard, M.B.E.	Mrs. V. A. Wight-Boycott
The Chairman of the Visiting Committee to the Old People's Homes	
Areley House	Mr. C. A. Guise (see above)
Heathlands	Mrs. J. C. Wilson
The Heriotts	Mrs. R. G. Addenbrooke (see above)
Holmwood	Mr. C. Willetts (see above)
Laburnum House	Mrs. E. M. Wilkshire
Malvernbury and The Howsells	Lady Garrod
Shenstone	Mrs. M. B. Matty (see above)
Swinford Old Hall	Mr. E. J. Broughton (see above)

*Education Committee :*  
(as at 31st December, 1968)

Chairman	Mrs. J. E. Talbot (County Alderman)
Vice-Chairman	Mr. M. C. Meikle
The Chairman of the County Council	Mr. J. M. C. Higgs
The Vice-Chairman of the County Council	Mr. H. M. Morgan
The Chairman of the Finance Committee	Mr. J. H. Walker

*County Aldermen :*

Sir Hugh Chance	Mr. J. Hughes
Mr. E. Gittus	Mr. H. Nettlefold

*County Councillors :*

Mr. P. J. Caswell	Mr. J. T. O'Reilly
Group Capt. J. P. Cecil-Wright	Mr. W. Perrins
Mr. W. P. Drew	Mr. H. G. Pinner
Mrs. J. A. W. Farren	Mrs. C. W. Potter
Mr. D. Gittins	Mr. T. D. H. Powell
The Rev. J. B. Hencher	Mrs. J. Redfern
Mr. D. C. Herbert	Mrs. F. R. Salmon
Mr. A. E. Johnson	Mrs. O. Simpson
Mr. W. F. Kimberley	Mr. P. A. J. Sturge
Mr. P. Kite	Mr. H. J. Tooby
Mrs. O. A. L. Mills	Mr. S. Wheelton
Mr. R. Oakley	

*Nominated Members :*

Mr. L. C. Bailey	Prof. D. R. Dudley
The Rev. J. G. Barnish, M.A.	The Rev. Dr. E. K. H. Jordan, M.A.
Mr. W. W. Blackford	Miss E. M. Lyons

*Selected Members :*

The Rev. Canon Gideon Davies	Mr. W. J. Richards
Dr. F. E. Dawes	Mr. G. Scott Atkinson
Mr. D. W. Douglas	Mr. W. E. C. Stuart
Marguerite, Lady Lechmere	Mrs. Christopher Wilson
The Rev. A. J. Proudman	

*Education, Children's Care Sub-Committee :*

Mrs. P. J. E. Salmon (Chairman)

Dr. F. E. Dawes	Rev. A. J. Proudman
Rev. J. B. Hencher	Mrs. E. J. Redfern
Mr. D. C. Herbert	Mr. W. J. Richards
The Rev. Dr. E. K. H. Jordon, M.A.	Mrs. O. Simpson
Marguerite, Lady Lechmere	Mr. P. A. J. Sturge
Miss E. M. Lyons	Mr. H. J. Tooby
Mr. H. G. Pinner	

The Chairman of the County Council	} ex-officio
The Vice-Chairman of the County Council	
The Chairman of the Finance Committee	
The Chairman of the Education Committee	
The Vice-Chairman of the Education Committee	
The Chairmen of the following Sub-Committees—	
Sites and Buildings	
Further Education	
Youth	
Agricultural Education	
County Library	
Museum	
School Management	
School Meals	
Planning and Development	
Finance and General Purposes	





## PART XVI

### STAFF

## County Staff

### *County Medical Officer of Health and Principal School Medical Officer*

J. W. Pickup, M.D., D.P.H.

### *Deputy County Medical Officer of Health and Deputy Principal School Medical Officer*

J. D. Willins, M.B., Ch.B., D.P.H.

### *Senior Medical Officer, School Health Service*

Gwen S. Clark, M.B.Ch.B., D.Obst.R.C.O.G., D.P.H.

### *Senior Medical Officer, Maternal and Child Health*

Isobel J. McLarty, M.B., Ch.B.

### *Divisional Area Medical Officer of Health, Kidderminster*

C. Starkie, M.D., M.R.C.S., L.R.C.P., B.Sc., D.P.H.

### *Senior Assistant County Medical Officer of Health*

Ann B. Gray, M.B., B.S., L.R.C.P., M.R.C.S., D.C.H., D.P.H. (resigned 30.6.68)

### *Assistant County Medical Officers of Health and School Medical Officers*

Cynthia J. Bladon, M.B., Ch.B., D.P.H. (resigned 31.7.68)

Esther M. Devlin, M.B., B.Ch., D.P.H., L.M. (Part-time)

\*H. F. Green, M.A., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

Muriel R. Green, M.B., Ch.B.

Esme S. Jenkins, M.B., B.Ch., D.Obst., R.C.O.G. (Part-time)

Kathleen M. Joanes, M.B., Ch.B., D.Obst., R.C.O.G.

D. R. McCauly, B.A., M.D., B.Ch., B.A.O., D.P.H. (from 1.9.68)

\*R. W. Markham, B.A., M.B., B.Ch., D.P.H.

\*C. H. Phillips, M.R.C.S., L.R.C.P., D.P.H.

\*L. S. Stephens, M.B., Ch.B., D.Obst., R.C.O.G., D.P.H.

Essilt Thomas, M.B., Ch.B.

\*D. E. Thompson, O.B.E., M.R.C.S., L.R.C.P., M.B., B.Ch., D.T.M., and H., D.P.H.

\*J. Twomey, M.B., B.Ch., B.A.O., D.T.M. and H., D.P.H.

P. B. Williams, T.D., M.B., Ch.B.

### *Senior Consultant Chest Physician*

‡ R. C. Cronin, M.B., Ch.B., M.R.C.S., L.R.C.P.

### *Consultant Chest Physicians*

‡ S. Z. Kalinowski, M.D., M.R.C.P.E.

### *Ophthalmologists (part-time)*

C. Martin Doyle, M.R.C.S., L.R.C.P., D.O. (Oxon.)

C. G. Sinclair, M.B., B.S., F.R.C.S. (Eng.)

J. A. Cox, M.B., B.S., D.O. (Eng.)

J. L. Pearce, M.B., Ch.B., D.O. (Eng.)

R. D. Calcott, M.B., B.S., D.O. (Lond.)

M. H. Kemp, M.B., B.S., F.R.C.S., D.O. (Eng.)

### *Consultant Psychiatrist*

‡ J. J. Graham, M.B., Ch.B., D.P.M.

### *Chief Dental Officer and Principal School Dental Officer*

C. W. D. Jones, B.D.S.

### *Deputy Chief Dental Officer and Deputy Principal School Dental Officer*

K. E. Nicholas, L.D.S., R.C.S. Eng.

### *Divisional Dental Officers*

J. Egremont, L.D.S.

Miss R. J. H. Sammons, L.D.S., R.C.S. Eng.

\* Also District Medical Officer of Health.

‡ Part time by arrangement with the Birmingham Regional Hospital Board.



#### *Dental Officers*

G. M. Boyles, B.D.S. (Part-time) (Appointed 25.11.68).  
M. J. Burford, B.D.S. (Part-time) (Resigned 31.8.68).  
D. M. Christie, L.D.S. (Appointed 1.7.68).  
Mrs. W. T. Carson, B.D.S. (Part-time).  
A. B. Dunworth, L.D.S. (Part-time) (Resigned 13.3.68).  
F. V. Frank, L.D.S. (Appointed 1.11.68).  
Mrs. P. Goff, B.D.S. (Part-time).  
C. Haynes, B.D.S. (Part-time) (Resigned 31.8.68).  
F. J. Hill, B.D.S. (Appointed 9.9.68).  
Mrs. M. E. Hiscock, B.D.S. (Part-time) (Resigned 30.11.68).  
Mrs. E. M. Killick, B.D.S. (Part-time).  
Dr. E. B. Mitchell, M.B., B.S., B.D.S. (Appointed 1.9.68).  
K. U. Nasir, B.D.S. (Part-time) (Appointed 10.10.68).  
Mrs. E. M. Prosser, B.D.S. (Resigned 30.6.68) (Re-appointed Part-time 3.12.68).  
F. A. Trent, L.D.S., R.C.S., Eng.  
Mrs. P. B. Trent, L.D.S., Eng.  
Miss V. A. Wardell, L.D.S. (Part-time from 1.11.68).

#### *Anaesthetist*

Dorothy Nicholas, M.B., Ch.B. (Part-time).

#### *Orthodontist*

Mrs. M. A. Tibbatts, L.D.S. (Part-time).

#### *Dental Auxiliary*

Miss D. M. Jones (Appointed 9.12.68).

#### *Dental Hygienist*

Miss L. L. Turner (Appointed 15.7.68).

#### *Senior Dental Technician in Charge*

Mr. C. A. Smith

#### *County Public Health Inspector*

R. Colenso, M.R.S.H., M.I.P.H.E., F.A.P.H.I.

#### *County Ambulance Officer*

G. C. Hutchison.

#### *Deputy County Ambulance Officer*

S. Ogden.

#### *Ambulance Training Officer*

F. S. Ballard.

#### *Ambulance—Radio Control — 18.*

#### *Educational Psychologists*

A. C. Smith, M.A.  
R. J. Skinner, B.Sc.  
D. E. Struggles, B.A.

#### *Senior Psychiatric Social Worker*

I. Malcomson, B.A. (Econ.) (Hons.), A.A.P.S.W.

#### *Psychiatric Social Workers*

Mrs. J. E. Harrison, S.S.D., A.A.P.S.W. (Part-time).  
Miss A. E. Ridgeway, B.A.(Hons.), S.S.D.  
Mrs. M. Llewellyn, B.A. (social admin.) (Part-time), A.P.S.W., Dip.M.H. (Appointed 4.3.68).

#### *Social Worker*

Mrs. J. E. M. Bill, B.A. (Econ.) (Hons.), (Part-time).

#### *Occupational Therapists*

Miss R. J. Young, S.R.O.T.  
Miss H. M. P. Proctor, S.R.O.T.

#### *Senior Speech Therapist*

Miss J. D. Jenkinson, L.C.S.T.

#### *Speech Therapists*

Miss R. M. Bourke, L.C.S.T.  
Mrs. M. C. Jotic, L.C.S.T. (Appointed 26.11.68).

*Physiotherapists*

Mrs. D. G. Perry-Keane, M.C.S.P. (Part-time).  
Mrs. M. Hunt, M.C.S.P., O.N.C. (Part-time).

*Orthopaedic Sister*

Mrs. K. J. Johnson, S.R.N., O.N.C., M.W.I.

*Chief Chiropodist*

H. D. Price, M.Ch.S., S.R.Ch.

*Senior Chiropodist*

G. S. Griffiths, M.Ch.S., S.R.Ch.

*Health Education Officer*

J. N. Pitts, M.R.S.H., M.A.P.H.I., Dip.H.Ed. (Lond.).

NURSING, MIDWIFERY AND HEALTH VISITING

*Chief Nursing Officer*

Miss A. Kean, S.R.N., S.C.M., H.V.

*Deputy Chief Nursing Officer*

Miss M. B. Busby, S.R.N., S.C.M., Q.N., H.V. (Resigned 30.6.68).

*Assistant Nursing Officers*

Mrs. M. Allen, S.R.N., S.C.M., H.V., Q.N.  
Mrs. E. J. Bryan, S.R.N., S.C.M., Q.N.  
Miss N. Hardiman, S.R.N., C.M.B. (1) H.V.  
Mrs. E. S. Smith, S.R.N., S.C.M., Q.N., H.V. (Resigned 4.2.68).  
Miss L. Mee, S.R.N., S.C.M., H.V., Nursing Officer for Health Education.

*Audiometric Health Visitors*

Miss E. M. Andrews, S.R.N., S.C.M., Q.N., H.V.  
Miss P. O. Viles, S.R.N., S.C.M., Q.N., H.V.  
Mrs. J. S. Pollard, S.R.N., S.C.M., H.V.

In the County as at 31st December, 1968, the following staff were employed :

								<i>Full-time</i>	<i>Part-time</i>
Health Visitors and School Nurses	..	..	..	..	..	..	..	73	18
Midwives	..	..	..	..	..	..	..	20	1
District Nurse/Midwife/Health Visitors	..	..	..	..	..	..	..	108	19
Nurses on Courses	..	..	..	..	..	..	..	5	

*Mental Health Service*

*Mental Health Administrative Officer*

W. Phillips, Ll.B.

*Assistant Mental Health Administrative Officer*

A. G. Willis.

Senior District Mental Welfare Officers

..	..	..	..	..	..	..	5
District Mental Welfare Officers	..	..	..	..	..	..	6
Female Mental Welfare Officers	..	..	..	..	..	..	3

*Organiser of Training Centres*

Mrs. M. Mitchell.

*Training Centres*

						<i>Supervisor</i>	<i>Assistant Supervisor</i>	<i>Trainee</i>
Worcester Junior Training Centre	..	..	..	..	..	1	3	—
Evesham Junior Training Centre	..	..	..	..	..	1	1	—
Netherend Training Centre	..	..	..	..	..	2	7	1
Bromsgrove Junior Training Centre	..	..	..	..	..	1	2	—
Kidderminster Junior Training Centre	..	..	..	..	..	1	4	—
Kidderminster Adult Training Centre	..	..	..	..	..	1	4	1
Redditch Adult Training Centre	..	..	..	..	..	1	4	1
Staff on Training Courses	..	..	..	..	..	1	1	1
						<i>Superintendent</i>	<i>Matron</i>	<i>General Assistants</i>
Junior Hostel, Kidderminster	..	..	..	..	..	1	1	7

*Senior Administrative and Clerical Staff*  
*Chief Administrative Assistant*

H. A. Rock, A.R.S.H.

*Chief Clerk*

J. A. Carter

*Finance and Establishment Clerk*

M. V. Dowse.

*Senior Clerks*

L. J. Banning ; G. W. Nield, A.R.S.H. ; F. H. Tyler ; I. E. Collins ; D. G. Bridgford ; Miss M. Low ; Miss M. French (Kidderminster Divisional Office).

*Social Welfare*

*Home Help Service*

*County Organiser*

Miss D. M. Mercer

*Area Organisers*

Mrs. C. J. Barron	Halesowen/Stourbridge
Mrs. E. St. Claire-Johnson	Redditch/Bromsgrove
Mrs. A. Friend	Droitwich/Martley/Malvern
Miss P. Brewer	Evesham/Pershore/Upton
Mrs. M. Staves	Kidderminster/Stourport Bewdley/Tenbury

Total number of Home Helps employed (Full or part-time basis) 485.

**Welfare Services**

*County Welfare Officer*

R. A. McDonald, F.I.S.W.

*Deputy County Welfare Officer*

A. A. Mumford.

*Senior Administrative Assistant*

D. E. Makin, D.P.A.

*Social Work Supervisor*

G. G. Gatehouse, A.A.P.S.W.

*Senior District Social Welfare Officers*

R. Childs, D.S.S., Kidderminster.  
R. Brooks, A.S.W., Bromsgrove.

*District Social Welfare Officers*

\*Mrs. M. H. M. Birch.  
C. B. Bitson.  
B. J. Hodgkinson.  
Mrs. A. I. Davis.  
\*Mrs. V. Hand.  
P. J. Hurley.  
Miss S. Lancaster.  
\*Miss D. O. C. Simmons.  
\*Miss J. M. Woodburn

*Welfare Assistants—6.*

*Supervisor/Salesman—Blind Homeworkers' Scheme*

\*D. G. Major

*Craft Instructress*

Mrs. S. M. Ness.

\* Home Teachers of the Blind



*Homes for Old and/or Infirm Persons :*

	<i>Beds</i>
Areley House, Stourport .. .. .	45
Heathlands, Pershore .. .. .	97
do. Annexe .. .. .	15
The Heriotts, Droitwich .. .. .	64
Holmwood, Kidderminster .. .. .	63
The Howsells, Malvern .. .. .	21
Laburnum House, Upton upon Severn .. .. .	150
Malvernbury, Malvern .. .. .	26
Swinford Old Hall, Stourbridge .. .. .	50
Shenstone, Halesowen .. .. .	68

*County Council's reserved accommodation :*

Avonside Hospital .. .. .	55
Kidderminster General Hospital (Bewdley Road)	50

# PART XVII

## INDEX

Index

	Page No.		Page No.
Ambulance Service .. .. .	3, 42	Medical Examination of Entrants to Course of Training for Teaching and to the Teaching Profession .. ..	89
Analgesia .. .. .	22	Medical Inspection .. .. .	68, 76
Ante-Natal Care .. .. .	19	Medical Inspection Returns .. ..	82-84
Antibiotics in Milk .. .. .	62	Mental Health Service .. .. .	4, 56
Artificial Kidney Machines .. ..	4, 49	Mental Health Training Centres ..	57
Attendants, Home Nursing .. ..	28	Mentally Ill, Care of and After Care ..	56
Audiometric Service .. .. .	71	Midwifery Service .. .. .	4, 22
Blind Persons .. .. .	94	Milk and Dairies Administration ..	60
Brucellosis .. .. .	62	Milk Bottles .. .. .	62
Building Programme .. .. .	68	Milk in Schools Scheme .. .. .	61, 74
Care of the Mentally Ill .. .. .	56	Mobile Clinics .. .. .	16
Cervical Cytology .. .. .	3, 18	Mothercraft Classes .. .. .	19
Child Defects .. .. .	16	Myco Tuberculosis .. .. .	61
Child Guidance .. .. .	5, 68	Night Rota Scheme .. .. .	22
Child Minders .. .. .	19	Notifiable Diseases .. .. .	39
Child Health Centres .. .. .	16	Notifications and Deaths from Certain Causes .. .. .	11-12
Children, 'At Risk' .. .. .	4, 16	Nurseries and Child Minders .. ..	19
Chiropody Service .. .. .	4, 47	Nurses' Houses .. .. .	28
Churn Rinses .. .. .	62	Occupational Therapy .. .. .	50
Civil Defence — Ambulance and First Aid Section .. .. .	43	Orthopaedic Defects .. .. .	70
Cleanliness .. .. .	84	Out-work for the Handicapped .. ..	96
Clinics, School .. .. .	68, 81	Partially Sighted Persons .. .. .	94
Clubs for Elderly People .. .. .	93	Pasveer Ditch .. .. .	64
Committees .. .. .	100	Post Graduate Courses .. .. .	26
Congenital Defects .. .. .	16	Preface .. .. .	3
Convalescence .. .. .	48	Premature Births .. .. .	23
County Refresher Course .. .. .	30	Protection of School Children against Tuberculosis .. .. .	73
Cream .. .. .	62	Provision of Residential Accommodation ..	93, 96
Deaf Persons .. .. .	96	Radio Control for Midwives .. ..	22
Death, Causes of .. .. .	11-12	Refresher Course .. .. .	22
Deaths of Pre-School Children .. ..	17	Registration and Inspection of Homes for Disabled and Old Persons .. ..	93
Defect List .. .. .	16	Registration of Nursing Homes .. ..	30
Dental Officer, Report of Chief .. ..	72	Relaxation Classes .. .. .	19
Dental Defects .. .. .	85	Report of County Welfare Officer .. ..	92
Dental Treatment of Expectant and Nursing Mothers and Pre-School Children ..	3, 19	Residential Accommodation .. ..	93, 96
Diocesan Association for Family and Social Service Report .. .. .	18	Rickettsia Burneti .. .. .	61
Diseases of the Skin .. .. .	84	Road Accidents .. .. .	74
Disposable Equipment .. .. .	23	School Health Service .. .. .	3, 5, 68-69
Drugs .. .. .	46	School Hygiene .. .. .	68
Ear, Nose and Throat Defects .. ..	84	School Meals Service .. .. .	74
Environmental Health Services .. ..	4, 60	School Medical Officers: Notes from Annual Reports of .. .. .	77
Family Planning .. .. .	3, 18	Severely Sub-Normal, Care of .. ..	57
Flashing Light Warning System .. ..	93	Sewerage .. .. .	63
Fluoridation .. .. .	4, 64	Stillbirths .. .. .	17, 23
Fresh Cream .. .. .	62	Smoking and Health .. .. .	46
General Practitioner Attachment .. ..	26	Special Housing for Old People—Warden Schemes .. .. .	92
Gypsies .. .. .	64	Special Schools .. .. .	75
Handicapped Persons .. .. .	95	Speech Defects .. .. .	75
Handicapped Pupils .. .. .	74	Staff .. .. .	106
Hard of Hearing Persons .. .. .	96	Student Training .. .. .	22, 26, 30
Health Centres .. .. .	3, 14	Training Centres .. .. .	57
Health Education .. .. .	4, 46	Tuberculosis .. .. .	51, 73, 86
Health Education in Schools .. ..	71	Tuberculosis Deaths .. .. .	51
Health Visiting Service .. .. .	4, 26	Vaccination and Immunisation .. ..	4, 32
Home Help Service .. .. .	4, 54	Vaccination—B.C.G. .. .. .	73
Home Nursing Service .. .. .	4, 28	Poliomyelitis .. .. .	33
Hospital and Hire Car Service .. ..	42	Smallpox .. .. .	32
Housing .. .. .	65	Anthrax .. .. .	33
Immunisation—Diphtheria .. .. .	32	Measles .. .. .	32
Tetanus .. .. .	33	Venereal Diseases .. .. .	40
Whooping Cough .. .. .	33	Visual Defects and External Eye Disease ..	84
Incontinence Pads .. .. .	49	Vital Statistics .. .. .	8-9
Infant Deaths .. .. .	17	Warden's Schemes—Special Housing for Old People .. .. .	92
Infectious Diseases, Notification .. ..	39	Water, Sewerage and Sewage Disposal Schemes .. .. .	63
Isobel Morcom Medal and Prize .. ..	28	Water Supplies .. .. .	64
Marie Curie Memorial Foundation .. ..	28	Welfare Foods .. .. .	30
Marriage Guidance .. .. .	18	Welfare Services .. .. .	92
Maternal Deaths .. .. .	23		
Meals in Clubs .. .. .	93		
Meals on Wheels .. .. .	93		
Medical Comforts .. .. .	49		